



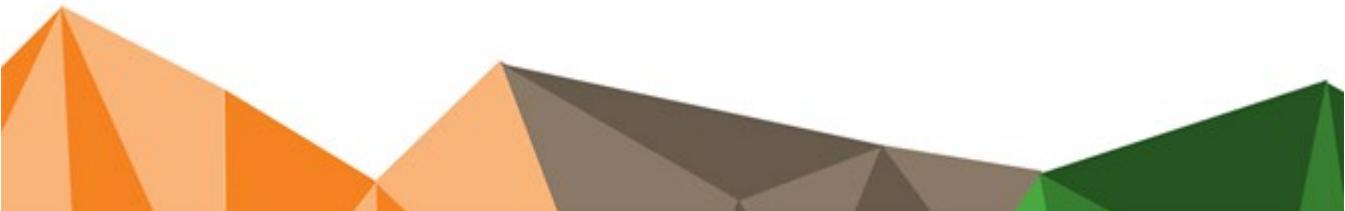
# GEORGIA RENTAL ASSISTANCE PROGRAM

## POLICIES AND PROCEDURES

AS OF NOVEMBER 2021



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## Table of Contents

	Page No.
STATE OF GEORGIA RENTAL ASSISTANCE PROGRAM.....	1
Background.....	1
Program Definitions.....	1
Program Description.....	2
Other Housing Expenses.....	3
Tenant Eligibility .....	3
Annual Income Documentation .....	4
Monthly Income Documentation .....	5
Verification of Renter Status .....	6
Verification of COVID-19 Hardship .....	7
Verification of Risk of Experiencing Homelessness or Housing Instability .....	7
Other Important Eligibility Information .....	7
Application Process .....	8
Direct Payments to Tenant.....	8
Requests to Increase or Decrease Monthly Assistance.....	9
Recertification Process.....	9
Availability of Applications.....	9
Landlord Requirements.....	10
Intake and Assessment Process.....	11
Reporting Requirements .....	11
Applications that are Denied.....	12
Applicant Confidentiality.....	13

Nondiscrimination.....	13
Program Participation by Staff.....	13
Responsibilities of Partnering Agencies .....	14
Program Guidelines Changes or Modifications .....	14
PRIORITIZATION OF ASSISTANCE .....	15
GENERAL INCOME SELF-CERTIFICATION.....	16
APPEALS.....	17
SEPARATION OF DUTIES .....	18
GRA Intake and Assessment Policy for Processors.....	18
GRA INCOME ELIGIBILITY CALCULATION PROCEDURE .....	19
GRA DELAYED FUTURE PAYMENT POLICY.....	21
INTERNAL CONTROL PRINCIPLES.....	23
Personnel Controls.....	23
Applicant Confidentiality.....	23
Employee Eligibility and Application Review .....	23
Special Controls Available for Confidentiality of Employee Information .....	23
Procedure for Employee Applications .....	24
GRA POLICY FOR EMPLOYMENT OF TEMPORARY STAFF .....	25
GRA ONBOARDING PROCESS FOR TEMPORARY PROCESSORS .....	27
GRA OFFBOARDING PROCESS FOR TEMPORARY STAFF.....	31
GRA REASSIGNMENT AFTER A TEMPORARY EMPLOYEE OFFBOARDS .....	34
TELEWORK POLICY AND PROCEDURES .....	36
ASSISTANCE PROGRAM DISCLOSURE REQUIREMENT .....	43
Application for Assistance .....	43
Application for Assistance for Related Parties .....	43

DCA PROGRAM ASSISTANCE DISCLOSURE .....	44
POLICY: CYBERSECURITY - PASSWORDS .....	45
Guidelines: Cybersecurity - Passwords.....	45
Procedure: Cybersecurity - Passwords.....	45
GRA TEMPORARY STAFF TIME OFF POLICY.....	46
GRA BREAK AND MEAL PERIODS POLICY FOR TEMPORARY STAFF .....	48
ANTI-FRAUD POLICY .....	49
Purpose of the Anti-Fraud Policy .....	49
Application of the Anti-Fraud Policy .....	49
Risks.....	49
Fraudulent Activity.....	49
Prevention .....	49
Procedure.....	50
U.S. Treasury/OIG Reporting .....	51
PERSONALLY IDENTIFIABLE INFORMATION (PII) COMPLIANCE.....	52
Application Procedure .....	52
Security and Oversight.....	52
HOTB SOFTWARE SOLUTIONS DISASTER RECOVERY PLAN.....	54
FORMS, TEMPLATES, FORM LETTERS .....	57
Employee Participation Disclosure Form .....	57
Policies, Processes and Procedures Acknowledgement Form .....	58
Failure to Comply Form.....	59
Confidentiality and Client Use Form .....	60
GEORGIA RENTAL ASSISTANCE REQUIRED DOCUMENTS .....	61
Self Employment Income Form.....	61

Income Documentation Waiver .....	62
Statement of Housing Instability Form.....	63
ACH Deposit Form.....	64
Statement of Delinquent Rent.....	65
Statement of Hardship Document .....	66
Landlord Application (Paper Format).....	67
Tenant Application (Paper Format) .....	68
Re-Certification: Monthly Income.....	69
Re-Certification: Annual Income.....	70
Re-Certification: Household Members .....	71
IRS Form W-9.....	72

## STATE OF GEORGIA RENTAL ASSISTANCE PROGRAM

### Background

On December 27, 2020, Congress passed the Consolidated Appropriations Act for 2021. Included in this Act was an appropriation of \$25 billion to create the Emergency Rental Assistance Program (ERA 1). This initial program provided funds through the U.S. Department of the Treasury directly to all States and to all local governments with populations exceeding 200,000 to assist households that are unable to pay rent and utilities due to the COVID 19 pandemic. The State of Georgia was allocated \$552 million from ERA 1, which is being provided to eligible applicants through the Georgia Rental Assistance (GRA) program.

On March 11, 2021, Congress passed the American Rescue Plan Act of 2021 adding any additional \$21.55 billion to the Emergency Rental Assistance program (ERA 2), which expanded the program to include all rental households who have been financially impacted since the start of the pandemic on March 13, 2020, regardless of the cause. Through the ERA 2 program, the State of Georgia was awarded an additional \$437 million in emergency rental assistance, bringing the full allocation for the State of Georgia's GRA program to \$989 million.

Other direct grantees within the State included the following local governments:

- Augusta-Richmond County
- Chatham County
- Cherokee County
- City of Atlanta
- Clayton County
- Cobb County
- DeKalb County
- Forsyth County
- Fulton County
- Gwinnett County
- Hall County
- Henry County

The GRA program provides assistance statewide. Duplication of Emergency Rental Assistance is not permitted, and the GRA program coordinates with the local governments that have received direct funding to ensure that duplication does not occur. For those tenant applicants who reside in one of the local jurisdictions, the electronic application portal will provide the eligibility status of an application, accordingly.

### Program Definitions

Landlord:

The owner of property that is leased or rented to another person or household. A bona fide landlord/property management agent or company is defined as the legal owner and/or representative of a Single-Family or Multi-Unit residential property leased for the purposes of permanent housing, entitled to collect rent as prescribed in a valid lease agreement. Hereinafter referred to as "Landlord".

#### Utilities:

Utilities are defined as electricity, natural gas, water and sewer, trash removal, and energy costs such as propane and fuel oil. Telecommunication services such as telephone and cable are not considered to be utilities under this program, however internet costs are eligible to be paid. Internet costs do not have to be a part of the rent and can be obtained directly by the tenant. Utilities covered by the landlord within rent will be considered as rental costs.

#### Coverage Area:

As of July 2021, the Georgia Rental Assistance program provides rental and utility assistance statewide.

### Program Description

Financial assistance is being made available through this program to eligible tenants, their landlords, and utility providers to cover activities including rental arrears, current and future rent payments, utility payments and other rental related expenses. Telecommunication services such as telephone and cable are not considered to be utilities under this program, however, internet costs are eligible. Utilities covered by the landlord within rent will be considered as rental costs.

Recipients of assistance may receive up to eighteen (18) months of payment relief for rental and utility payments, including other rental related expenses, e.g., security deposits on a new rental unit, transitional hotel/motel expenses, and moving costs. There is no monetary cap for assistance under the program. However, future months assistance can only be provided for three (3) months at a time. After the initial three (3) months, if a household remains eligible and requires additional future assistance three (3) months, they must complete the re-certification process to qualify three (3) months. Payment of existing housing-related arrears that could lead to the eviction of a tenant is prioritized before any future assistance can be provided, and no assistance with future rent can be provided unless the arrearage is also addressed. Total months included in arrearage will be factored into the total eighteen (18) months of assistance. No arrearages may be addressed prior to March 13, 2020, which was the date that the federal emergency declaration was issued. Applications for future rent payments, where no back rent is owed at the time of application, are being accepted.

Eligible households that include an individual who has been unemployed for the ninety (90) days immediately prior to the date of application for assistance and households with income at or below 50 percent of the Area Median Income will be given priority for assistance. The electronic application portal will flag those households, and all staff will be dedicated to the review of complete applications submitted by eligible priority households prior to the completion of non-priority households assigned to their caseloads.

Eligible households with past due rent or an eviction notice will also be prioritized for assistance. Eligible households requesting assistance for past due rent (rental arrears) may also request assistance for up to three (3) months future rent.

Any assistance received by a household under this program should not be duplicative of any other federally-funded emergency rental assistance provided to such household. However, households that receive a monthly federal subsidy, e.g., a Housing Choice Voucher/Section 8, Public Housing, Georgia Housing Voucher, LIHTC (Low Income Housing Tax Credit) or HOME-assisted property would be able to receive assistance for the portion of the

rent that the tenant is responsible to cover, and only to the extent that it has not already been covered through another program. Landlords will be required to disclose if the property for which they are applying received LIHTC or HOME assistance during the development phase.

Households that live in a unit where the landlord has a family relationship to anyone in the household may be eligible but must provide documentation that a true landlord-tenant relationship exists. This would include a copy of the lease as well as verification of a past rental payment history of no less than six months. The related landlord cannot reside at the property, as households where a member holds the title to the property or is listed on the mortgage for the property are not eligible for assistance.

## Other Housing Expenses

The GRA Program will provide direct payment to a renter to assist with other housing related expenses such as new rental related costs, transitional hotel/motel stay, moving and storage costs. The renter must be eligible under the GRA program guidelines to qualify for assistance related to these housing expenses. Acceptable supporting documentation will be based upon the type of assistance requested.

Assistance provided for new rental related costs may include a security deposit, first and last month rent, and/or rental unit application fees. Application fees may not exceed \$100 per application. Acceptable supporting documentation for applications requesting security deposit assistance includes rental property welcome/approval letters or emails from the new landlord. For applications requesting new rental unit application fees, supporting documentation may include lists of available properties for which the tenant applicant meets the eligibility requirements including a copy of the completed rental application(s).

Applicants who are between permanent rental units may apply for hotel/motel assistance under other rental expenses. Assistance includes parking if the hotel/motel charges a fee. Assistance does not include damage to property, room service, dry cleaning, spa services, or any other services, fees or fines not related directly to room rental and parking. Acceptable supporting documentation must include the hotel folio consisting of the estimated rates and the anticipated length of stay. Temporary hotel/motel assistance will only be provided for up to 30 days at one time and may not exceed three (3) months. Any requests for hotel/motel assistance that exceeds three months will be categorized as rental assistance. Some hotels may require the applicant to prepay for the first week of stay. If the applicant is eligible for the services, a request may be made for Operations Manager approval to rush payment to the applicant for the one week stay. Rush payments may also be made for hotel reservations requiring a cash deposit. Once residing at the hotel, applicants should make arrangement with the hotel for a hotel folio/letter detailing the fees for the additional days needed to complete one month of stay.

Applicants facing eviction and or housing instability may request assistance for moving and/or storage expenses. Supporting documentation must include vendor proposals and/or reservation information (e.g., truck rental, mileage, or storage unit details). Moving costs will be provided for transport from the initial unit to the new rental unit. A standard fee will be provided for gas tank refill based upon the size of the rental truck, not to exceed \$200. If storage is required, transportation costs may be included, and storage can be provided for three-month periods up to the maximum eighteen (18) months of eligibility with recertification.

## Tenant Eligibility

For a household to be eligible for assistance under this program, it must be a renter household living in Georgia and meet the following conditions:

- Earning no more than 80 percent of the current Area Median Income (AMI) for the county or Metropolitan Statistical Area (MSA) of residence as determined by the U.S. Department of Housing and Urban Development .
- Has either “qualified for unemployment benefits” or “experienced a loss or reduction in household income, incurred significant costs, or experienced other financial hardship since March 13, 2020, the start of the COVID-19 pandemic, which the applicant must attest in writing, and can demonstrate a risk of experiencing homelessness or housing instability by providing:
  - (I) An eviction notice;
  - (II) A past due rent notice;
  - (III) A past due utility notice
  - (IV) A signed “Statement of Housing Instability” form

The term “Area Median Income” means, with respect to the household, the median income for the area in which the household is located, as determined by the U.S. Department of Housing and Urban Development (HUD). 80% figure is denoted as “Low Income” and the 50% figure is listed as “Very Low Income.” Applications from those at or below 50% AMI will be given priority for processing. The Area Median Income for a household is the same as the income limits for families published in accordance with 42 U.S.C. 1437a(b)(2), and can be found at the following link under the heading for “Access Individual Median Family Income Areas” at:

[https://www.huduser.gov/portal/datasets/il.html#2020\\_query](https://www.huduser.gov/portal/datasets/il.html#2020_query)

DCA may determine that if an applicant’s household income has been verified to be at or below 80 percent of the Area Median Income in connection with another local, state, or federal government assistance program, applicants may utilize a determination letter from the government agency that verified the applicant’s household income, provided that the determination for such program was made on or after January 1, 2020.

Income eligibility may be based upon the household’s total income for 2020 or its monthly income at the time of the application. Household income will be calculated based upon each individual household member residing in the unit, not just the applicant, and its total must be below 80 % of the current AMI for the county or MSA of residence. The number of household members should only include individuals who reside full-time, with no other place of residence. Income information on wages earned should only include adults, and not include household members 17 years old and below.

Income that should NOT be included would include wages of children under the age of 18, foster care income, adoption assistance, and income for a live-in aide. Earnings in excess of \$480 for each full-time student 18 years or older in the household, unless they are the head of household or spouse are also excluded.

## Annual Income Documentation

Acceptable supporting documentation for the 2020 annual income option includes:

- Copy of Form 1040 for 2020 as filed with the IRS for the household (For Form 1040, both the return and the tax forms used to establish the household's income for tax purposes, such as W-2 statement(s) and any 1099 forms, must be submitted),
- Documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement), and
- Receipts of forms of benefit income, such as TANF, Social Security, SSI, and SSDI payments that are not always considered taxable income and will not be reported on a tax form (Applicants that are able to submit a determination letter from this program dated on or after January 1, 2020, may submit that letter as income verification.).

## **Monthly Income Documentation**

If the applicant is seeking assistance based upon the current household monthly income, the household must provide income verification for the most recent two months leading up to application submission, and eligibility must be redetermined every three months for the duration of the assistance.

Acceptable supporting documentation for the monthly income option includes:

- Documents evidencing monthly income (e.g., wage statement, interest statement, unemployment compensation statement).

In addition to the above, for the monthly income option, documentation for monthly income for the two months leading up to application submission may also include:

- If employed, pay stubs, third party verification from the employer, or a letter from their employer indicating reduced pay,
- Documentation of cash assistance such as Social Security income, unemployment benefits, worker's compensation (excluding lump sum distributions), or public assistance benefits,
- Documentation of child support or alimony payments,
- TANF, SSI, or other programs that are limited to households with incomes below 80 percent of AMI (or a comparable poverty threshold) (Applicants that are able to submit a determination letter from this program dated on or after January 1, 2020, may submit that letter as income verification.),
- Documentation of any income received for self-employment, including documentation of income from the operation of a business or profession, or direct payments for services (the download and completion of the Self-Employment Income Form to submit with the documentation is highly recommended),
- Bank statements, and
- Documentation of Social Security, annuities, retirement income, pensions, disability, or death benefits (to include spousal benefits) and other similar types of periodic or monthly receipts, excluding benefits received by anyone 17-years old or under.

Household members who are full-time students 18 years or older reporting income should also submit documentation verifying full-time student status (with income documentation). Student status verification documentation can include current class schedule, or other document that verifies full-time status.

In addition, certain gig economy jobs such as driving for Uber, Lyft, or Door Dash do not typically provide traditional paystubs. Photographs of payments received within those apps can be submitted as documentation of that income. A Word document, PDF, or JPEG format of an earnings summary for the most recent two months for this category will be accepted.

If claiming zero income, an acceptable form of documentation would include a current payment statement dated within the last three (3) months from the local DFCS office that the applicant was approved for SNAP, WIC, or other benefits based on having no income. Applicants that are able to submit a determination letter from this program dated on or after January 1, 2020, may submit that letter as income verification.

If unable to document income, the applicant may provide the Income Documentation Waiver form as an accommodation for a disability, circumstances related to the pandemic, or lack of technological access that would prevent the individual from being able to obtain their records. The written attestation must include the amount of annual or monthly income and one of the above reasons with an explanation.

To the extent that a household's income, or a portion thereof, is not verifiable because finances have been negatively impacted due to the COVID-19 pandemic or has taken place on or after March 13, 2020 (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income, DCA will accept the Income Documentation Waiver form from the applicant regarding the household income. If such a written attestation without further documentation is relied on, the applicant's household income will be reassessed every three months. In appropriate cases, DCA may rely on an attestation from a caseworker, employer, or other professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance.

## Verification of Renter Status

To document the applicant's rental status, a lease agreement that has been signed by both parties must be submitted in its entirety as part of the initial application. Households without a current signed lease (such as those renting under a month-to-month arrangement) should provide a certification that they still reside in the rental unit for which the assistance is being applied and confirmation of this from their landlord. If circumstances prevent applicant from providing the requested documentation, applicant may provide evidence of paying utilities for the residential unit, an attestation by a landlord who can be identified as the verified management agent of the unit, or other reasonable documentation as determined by DCA.

Landlords will also be asked to submit a Statement of Delinquent Rent form for each tenant for which assistance is being requested.

Assistance under this program is allowed for households temporarily residing in a hotel, motel, or temporary lodging if there is a landlord/tenant relationship and lease agreement in place. Lease-purchase and rent to own units may be eligible for assistance if the option to purchase has not been exercised, and no current household member is listed on the mortgage or holds the deed to the property under special circumstances. Housing cooperatives are not eligible for this program as they are not rental properties.

Mobile homes are eligible for rental assistance on the unit being rented. If the mobile home is owned by the applicants, rental assistance may be requested for the lot being rented at this time.

## **Verification of COVID-19 Hardship**

In addition, to qualify for assistance one or more of the individuals within the household must either have “qualified for unemployment benefits” OR have “experienced a reduction in household income, incurred significant costs, or experienced other financial hardship resulting directly or indirectly from the COVID-19 pandemic or having taken place on or after March 13, 2020,” which the applicant must document in writing through the Statement of Hardship form. Applicants who can verify unemployment can move to the next eligibility section.

## **Verification of Risk of Experiencing Homelessness or Housing Instability**

The household must also be able to demonstrate a risk of experiencing homelessness or housing instability in order to qualify. Acceptable documentation for this can include the following:

- An eviction notice;
- A past due rent notice;
- A past due utility notice ; or
- A signed “Statement of Housing Instability” form.

The State provides assistance to households requiring rental and utility assistance, including other housing expenses. Households experiencing homelessness or housing instability such as unsafe or unhealthy living conditions, or any other evidence of risks, such as overcrowding, no utilities or lack of access to basic necessities are also being assisted.

Acceptable documentation of rent or utility arrears may include the most recent past due bill, an eviction notice, a PDF or screenshot of an online payment portal, or a letter or email from a landlord or utility provider to a tenant.

## **Other Important Eligibility Information**

An eligible household that occupies a federally subsidized residential or mixed-use property may receive assistance under this program, provided that the funds are not applied to costs that have been or will be reimbursed under any other federal assistance.

Households that receive a federal subsidy (e.g., a Housing Choice Voucher/ Section 8, Public Housing, Georgia Housing Voucher, LIHTC (Low-Income Housing Tax Credit) or HOME-assisted property) would be able to receive assistance for the portion of the rent that the tenant is responsible to cover, and only to the extent that it has not already been covered through another program.

Households that live in a unit where the landlord has a family relationship to anyone in the household may be eligible but must provide documentation that a true landlord-tenant relationship exists. This would include a copy of the lease as well as verification of a past rental payment history of no less than six months. However, the landlord is not permitted to reside at the rental unit or address with the tenant.

At this time, eligible households with past due rent or an eviction notice will be prioritized for assistance. Eligible households requesting assistance for past due rent (rental arrears) may also request assistance for up to three (3) months future rent and past due utilities not to exceed a total of eighteen (18) months of combined assistance.

## Application Process

Applications for assistance under this program were accepted beginning in March 2021. Eligible households that include an individual who has been unemployed for the ninety (90) days immediately prior to the date of application for assistance and households with income at or below 50 percent of the Area Median Income will be given priority for assistance.

Applications are submitted electronically through a secure online website. Notifications to the applicants, both tenants and landlords, are provided through the application portal when they have a request requiring an action on their part or of a change in status of their application. A paper application can be made available upon request, and these applicants may be referred to a partner agency for assistance in submitting an online application. Submission of a paper application package would need to be sent through the U.S. mail to the attention of Georgia Rental Assistance Program, at 60 Executive Park South NE, Atlanta, GA, 30329. Once received, the information would be entered into the electronic system, and the program staff will need to contact the other party applicant (landlord or tenant) to request their application and documentation.

An application for rental assistance may be submitted by either an eligible household or by a landlord on behalf of that eligible household. In most cases, regardless of which party completes the application, both parties will be involved in the process. If a tenant submits the application, the landlord will need to indicate agreement to accept payments from the state and supply required information, such as a W-9, ACH routing information for payments, and certification that assistance is not duplicative of other federal assistance. A landlord submitting on behalf of a tenant will need to inform the tenant and obtain their signature for the application, which may be documented electronically. Regardless as to who submits, the tenant and person submitting the landlord application will be requested to provide an acceptable form of identification. Proof of identity can include a driver's license, government issued photo identification, valid U.S. Military photo ID, valid tribal photo ID, passport, or passport card.

In situations where a landlord has submitted an application for rent arrears on behalf of the tenant, the tenant may also submit a separate application on their behalf for assistance with utility. All documentation will be uploaded electronically for both parties and neither will be able to see what documentation the other party has provided.

Upon a determination of applicant eligibility, payments for rent and rental arrears will be made to landlords and utilities and home energy costs and arrears will be made to utility providers, except in instances when the landlord or utility provider does not agree to accept a payment on behalf of a household. In those cases, payments will be made directly to a household. All payments must be documented. All payments for housing-related expenses must be supported by documentary evidence such as a bill, invoice, or evidence of payment to the provider of the service. Through their participation in the program, landlords must agree to accept these payments in full to satisfy arrearages of the tenant and to not pursue eviction proceedings based on this arrearage. Payments of reasonably accrued late fees included in rental or utility arrears are allowed, and limited to 8% of total arrearage. However, legal fees and other charges to the landlord are not eligible at this time. Landlord agrees to waive accrued late fees above 8% of total arrearage.

## Direct Payments to Tenant

In order to make payments directly to an eligible household, it must be documented that the landlord and/or the utility company were unresponsive to outreach for them to participate directly or resolve outstanding application issues. Outreach will be considered complete if (i) a request for participation is sent in writing, by certified mail, to the landlord or utility provider, and the addressee does not respond to the request within 7 calendar days after

mailing; (ii) if at least three attempts are made by email over a 5 calendar day period to request the landlord or utility provider's participation; or (iii) a landlord or utility provider confirms in writing that the landlord or utility provider does not wish to participate. The final outreach attempt or notice to the landlord or utility provider must be documented. The State will keep record of all efforts, and the cost of contacting landlords and utility providers are an eligible administrative cost.

In the event that a direct payment to an applicant is required after the above efforts are unsuccessful, the applicant will be requested to complete an ACH Direct Deposit Form or will be issued a paper check.

### Requests to Increase or Decrease Monthly Assistance

Tenant may wish to make a change in their initial application request for assistance. Changes can relate to rental and utility assistance. The change request could be to increase or decrease the number of months for which they are requesting assistance. Under program guidelines, tenant is not required to make such requests in writing, but the tenant is encouraged to do so for ease of processing. It is a necessity that the request originates with the tenant, however, and the processor shall document the request in the portal. Acceptable forms of requests include but are not limited to emails and portal communications.

It is DCA's preference that requests for decreases in payment, particularly, are made in writing. However, such writing is not mandatory and the absence of such shall not stall or otherwise adversely affect tenant's application.

### Recertification Process

The Rental Recertification Process was created to provide an additional three months of financial assistance and housing stability services to eligible households. To be eligible, households must continue to meet the GRA program requirements, and have not exceeded the eighteen (18) month maximum for assistance. The recertification process reviews each applicant's updated income for qualification. For this reason, the Rental Recertification Process details the following requirements for an Applicant to re-certify for housing assistance:

- The Applicant must have been previously approved.
- The Applicant must complete and submit the following documents to be considered:
  - Recertification form based on Annual or Monthly Income with supporting documentation for each household member age 18 and up.
  - Recertification form that describes any changes to the current number of household members since the time of the original application.

### Availability of Applications

The State made the application portal and related materials available in March 2021. Applications may be submitted by landlords as well as from tenants themselves. The application portal is accessible via smartphone, and paper applications are available through the portal in Korean, Mandarin, Spanish and Vietnamese.

The State of Georgia assists eligible households statewide. If a potential applicant is in one of the local jurisdictions that received direct funding and chooses not to apply through the GRA program, they will need to contact their local government for more information on the status of the local program. Applicants are not eligible to receive assistance from more than one jurisdiction for the same time period.

DCA reserves the right to temporarily stop accepting applications based upon volume received to allow for applications already accepted, or under review, to be processed.

## Landlord Requirements

To qualify for the receipt of assistance, the tenant(s) in which a landlord is submitting an application must be past due on rent or have received an eviction notice. Applications covering a rental unit in one of the 12 local jurisdictions in the state that received their own allocations under the program as awarded by the U.S. Department of the Treasury and are accepting applications, or will be soon, will be referred to that jurisdiction. Potential applicants in those jurisdictions may be eligible to apply based on the local jurisdiction's needs, subject to funding availability.

A bona fide landlord/property management agent or company is defined as the legal owner and/or representative of a Single-Family or Multi-Unit residential property leased for the purposes of permanent housing, entitled to collect rent as prescribed in a valid lease agreement.

Landlords will be required to provide information detailing all housing-related expenses in addition to the monthly rent, which may include reasonably accrued late fees, legal fees, or other housing-related charges, that are included in the total amount requested for assistance. Payments of reasonably accrued late fees included in rental or utility arrears, due to the COVID-19 pandemic or has taken place on or after March 13, 2020, are allowed, and limited to 8% of total arrearage. Payment of legal fees are not permitted. Landlord agrees to waive accrued late fees above 8% of total arrearage, and any legal fees.

Landlords are required to provide information on the costs of any utilities that are included within the rent for a unit (as applicable). Utilities that are covered by the landlord within rent will be treated as rent.

To process and disburse payments to a landlord/property management agent or company, a signed and completed W-9 form, proof of ownership and management (if applicable) of the property, and a valid tax identification number (Social Security Number/EIN) are required. Proof of ownership may include submission of a warranty deed, current information from the County Tax Assessor's Office, or an insurance binder. Where applicable, a property management company or legal representative must attach documentation showing authorization to act on behalf of the property owner (Authorization Agreement Contract/ Memorandum of Understanding (MOU)/ Memorandum of Agreement (MOA)).

In order for funds to be disbursed, landlords will need to complete an ACH form with applicable payment information. The landlord/property management agent or company will abide by all Emergency Rental Assistance Program requirements and will be provided with a clear summary and details of payments to be made on behalf of eligible individuals and families.

Landlords with tenants that receive a federal subsidy (e.g., a Housing Choice Voucher/ Section 8, Public Housing, LIHTC (Low-Income Housing Tax Credit), or HOME-assisted property) would be able to receive assistance for the portion of the rent that the tenant is responsible to cover, and only to the extent that it has not already been covered through another program.

Households that live in a unit where the landlord has a family relationship to anyone in the household may be eligible but must provide documentation that a true landlord-tenant relationship exists. This would include a copy of the lease as well as verification of a past rental payment history of no less than six months. However, the relative landlord is not permitted to reside at the rental unit or address with the tenant.

## Intake and Assessment Process

Funding is limited. Applicants for rental assistance are encouraged to submit their applications as soon as possible to allow for processing. Applications will be reviewed for eligibility based upon when all documentation has been successfully submitted with special consideration given to the priority groups for the program as previously identified.

Applications will be accepted and processed in order, subject to the priority groups, once all required submissions of documentation have been satisfied. These will be processed until funds are no longer available.

Program staff will review complete applications for eligibility. An application is considered complete once all questions are answered and all required documents are uploaded/submitted. Notice regarding requests for additional information or clarification will be provided to the applicants through the portal, or other means if applicant does not have access to technology. Incomplete applications will not be processed for assistance.

Applications are only able to be reviewed when they are complete. Where an application is submitted, but there are one or more issues with the supporting documents submitted, or an issue with information or certifications within the application, GRA will have a staff team dedicated to follow-up with the landlord and tenant applicants in an attempt to correct those issues. Regarding tenant applications, once a GRA staff member begins the follow up process with an applicant to troubleshoot issues with the application, the tenant applicant will have five (5) calendar days to provide the correct information or document(s) for the application to be considered complete. If the tenant applicant does not provide corrected information or is unresponsive after five (5) calendar days where an application is still considered incomplete, DCA reserves the right to consider the application closed. The policy for resolving issues with landlord applications is in the section covering Direct Payments to Tenants. Applications with resolved issues/errors will be marked as complete and moved forward for review. If an application has been closed, an applicant may reactivate the application by completing the assigned tasks. Duplicate applications will be noted as such, and only one application will be processed.

## Reporting Requirements

Through this program, the State is required to report at least quarterly on the use of funds, which shall include the following:

- the number of eligible households that receive assistance from such payments;
- the acceptance rate of applicants for assistance;
- the type or types of assistance provided to each eligible household;
- the average amount of funding provided per eligible household receiving assistance;
- household income level, with such information disaggregated for households with income that:
  - does not exceed 30 percent of the Area Median Income for the household;
  - exceeds 30 percent but does not exceed 50 percent of the Area Median Income for the household;
  - exceeds 50 percent but does not exceed 80 percent of Area Median Income for the household and;
  - the average number of monthly rental or utility payments that were covered by the funding amount that a household received, as applicable.

In order to fulfill quarterly reporting requirements under section 501(g) of Division N of the Act and its ongoing monitoring and oversight responsibilities, the State is also required to collect information from households and retain records on the following:

- Address of the rental unit;
- For landlords and utility providers, the name, address, and Social Security number, tax identification number or DUNS number;
- Amount and percentage of monthly rent covered by ERA assistance;
- Amount and percentage of separately stated utility and home energy costs covered by ERA assistance;
- Total amount of each type of assistance provided to each household (*i.e.*, rent, rental arrears, utilities and home energy costs, utilities and home energy costs arrears, and other expenses related to housing to the extent that a household's income, or a portion thereof, is not verifiable because finances have been negatively impacted due to the COVID-19 pandemic or has taken place on or after March 13, 2020; COVID-19);
- Amount of outstanding rental arrears for each household;
- Number of months of rental payments and number of months of utility or home energy cost payments for which ERA assistance is provided;
- Household income and number of individuals in the household; and
- Gender, race, and ethnicity of the primary applicant for assistance.

The Treasury will provide additional instructions at a future date.

### **Data Privacy and Security**

The data privacy and security policies around information collected can be found at the Georgia Rental Assistance website at the following web address: <https://georgiarentalassistance.ga.gov>.

### **Applications that are Denied**

Applicants that believe they were denied access to the Georgia Rental Assistance program as a result of barriers which prevented them from applying or because they were determined to be ineligible during the application and verification process, may appeal the decision by submitting their formal request to [GaERASupport@dca.ga.gov]. An applicant's request should include their name, address, preferred method of contact (email or phone), their Landlord's name and contact information, the reason provided for the denial. The written appeal shall state the reason(s) why the applicant believes the application denial was in error and provide any additional documentation necessary to support the applicant's assertion of same.

Appeals shall be submitted by fourteen (14) calendar days of the date of the application denial letter. The decision of the Program Administrator shall be issued in writing within fourteen (14) calendar days of receipt of the appeal

and shall be final. Information regarding the appeal's process can be found on the Georgia Rental Assistance website at the following web address: <https://georgiarentalassistance.ga.gov>.

### **Certification Relating to Duplication of Benefits, False Claims, and Penalties**

All applicants shall certify to the following statement:

In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

### **Applicant Confidentiality**

Employees and agents of the State will not disclose any applicant's personal confidential information as part of the program. All confidential information of applicants will be kept secure and unavailable to persons outside of the program. If the State receives a request for public records related to the program, only non-confidential information, as verified by the State, will be provided.

### **Nondiscrimination**

The Georgia Rental Assistance Program shall be implemented consistent with the State of Georgia's commitment to State and Federal equal opportunity laws. No person shall be excluded from participation in, denied the benefit of, or be subjected to discrimination under this program on the basis of race, color, national origin, religion, sex, familial status, disability, or age.

The State of Georgia will provide reasonable accommodations and/or modifications or provide language assistance to individuals requesting such assistance to benefit from the services provided by the Georgia Rental Assistance Program.

### **Program Participation by Staff**

DCA employees, contractual staff, and their family members who meet the program eligibility requirements are permitted to participate in the GRA program. As a DCA employee, contractual staff, or their family member, you will not be accorded any special consideration or handling of your application or program assistance.

Any DCA employee, or contractual staff, who chooses to apply to the program as a landlord or tenant must complete the GRA Applicant Relationship certification form.

Any DCA employee, or contractual staff, who participates in the operation or approval process for the GRA program must also disclose any relationship, regardless of type, that they may have with an applicant who has applied for assistance. The employee, or contractual staff, is required to immediately notify their supervisor and complete the GRA Applicant Relationship certification form.

At no time should any processor or underwriting staff member participate in the review or approval process, or have access to the application materials, of an individual they maintain a relationship with, be it familial or otherwise.

## **Responsibilities of Partnering Agencies**

DCA anticipates contracting with external partners for services to applicants. The services will include the partner assisting with the completion of the application process, including document upload. Referrals to partnering agencies may include applicants who self-identify as initiating or experiencing an eviction.

## **Program Guidelines Changes or Modifications**

Modifications based on funding availability may be made to policy. Minor changes to this policy involving administrative procedures, accommodations to adapt to unique applicant situations or opportunities, or regulatory changes may be made subject to the approval of the Program Administrator.

## PRIORITIZATION OF ASSISTANCE

DCA will prioritize assistance to households with incomes of no more than 50 percent of the area median income and to households in which one or more household member is unemployed and has been unemployed for ninety (90) days by requiring all staff to process the priority applications first. Applications are sorted by date and time stamp of the application submission. Priority applications are identified on the assignment screen as URGENT based upon the priority criteria. Assignment of applications take place based upon the date applications have been received, with priority applications being assigned first. Once the priority applications have been assigned, DCA will proceed with the assignment of all other applications for households with income at or below 80 percent of the area median income.

## **GENERAL INCOME SELF-CERTIFICATION**

Under limited circumstances, DCA will accept a written attestation from applicants without further documentation of household income. DCA has sole discretion to provide waivers or exceptions to the income documentation requirement to accommodate disabilities, extenuating circumstances related to the pandemic, or a lack of technological access. In these cases, DCA is still responsible for making the required determination regarding the applicant's household income and documenting that determination.

To the extent that a household's income, or a portion thereof, is not verifiable due to finances that have been negatively impacted due to the COVID-19 pandemic or has taken place on or after March 13, 2020, (for example, because a place of employment has closed) or has been received in cash, or if the household has no qualifying income, DCA will accept a Income Documentation Waiver from the applicant regarding household income. If the Income Documentation Waiver without further documentation is relied on, DCA will reassess household income for such households every three months. In appropriate cases, DCA may rely on an attestation from a caseworker or other professional with knowledge of a household's circumstances to certify that an applicant's household income qualifies for assistance.

## **APPEALS**

Any applicant whose application has been denied or closed out based upon an eligibility and documentation review in the portal has the right to file an appeal through the [GAERASupport@dca.ga.gov](mailto:GAERASupport@dca.ga.gov) inbox. In addition, applicants who believe they were denied access to the Georgia Rental Assistance program as a result of barriers which prevented them from applying may also appeal the decision by submitting their formal request to [GAERASupport@dca.ga.gov](mailto:GAERASupport@dca.ga.gov). An applicant's appeal should include their name, address, preferred method of contact (email or phone), their Landlord's name and contact information, and the reason provided for the denial. The written appeal shall state the reason(s) why the applicant believes the application denial was in error and provide any additional documentation necessary to support the applicant's assertion of same.

Appeals shall be submitted within fourteen (14) calendar days of the date of the application denial letter. DCA's decision shall be issued in writing within fourteen (14) calendar days of receipt of the appeal.

The Senior Manager and Operational Managers monitor the inbox for appeals. When an appeal is received it is assigned to an Appeals Review Team consisting of 3 to 5 members. The Appeals Review Team will attempt to resolve the appeal either by providing evidence that there was just cause for the denial, or by providing action steps directly to the applicant that must be taken to overturn the initial decision. If a denial is upheld, and the applicant later becomes eligible, the applicant may submit a new request with any new supporting documentation.

If an applicant continues their appeal after the Appeals Review Team has upheld a denial, the final decision will lie with DCA's Senior Management Team.

## SEPARATION OF DUTIES

Processors perform the initial review of applications that are assigned to them. They review the applications to determine that all eligibility and documentation requirements have been met.

Applications that have been reviewed by Processors are subject to random quality control checks by their supervising Team Leads at any time.

After Processors initially approve applications, they are submitted to their Team Lead to perform a secondary review. In essence, the secondary review is identical to the initial review, also assessing eligibility and validity of documentation. The secondary review serves as a safety net to catch anything that may have been overlooked during the initial review. Only Team Leads can approve and submit eligible applications for payment.

Once an application has passed the review process and is approved for payment, it is referred to the Accounting Department. If the Accounting Department identifies any issues with a payment during their review and/or payment processing, the payment will be returned to the Team Lead assigned to that application to rectify the problem.

### **GRA Intake and Assessment Policy for Processors**

When processors are assigned to review applications for eligibility, an application will only be considered complete once all questions are answered and all required documents are uploaded/submitted. Incomplete tenant applications will not be processed for assistance. The processor will contact the tenant applicant, if needed, for additional documents or clarification.

- **For those who submitted electronic applications:** Processors will call and use the portal's conversation feature to notify applicants of requests for additional information or clarification. The applicant must respond to all requests within five (5) calendar days.
- **For those who submitted paper applications:** Written notices requesting additional information or clarification will be sent by postal mail. The applicant must acknowledge receipt of the notification and respond within seven (7) calendar days.

If the landlord does not provide corrected information or is unresponsive after five (5) or seven (7) calendar days, the tenant will be notified regarding the option for direct payment. The tenant must provide verifiable documentation to show rental fees. If acknowledgement of the insufficient documentation or clarification request is not received by a tenant applicant within the allotted time period, DCA reserves the right to consider the application closed.

Once an application is deemed complete, the processor will determine final eligibility and schedule payment(s). The request will then be sent through the final payment review process, beginning with the Team Lead, prior to a payment being issued.

## GRA INCOME ELIGIBILITY CALCULATION PROCEDURE

### Purpose:

The purpose of the Income Eligibility Calculation Procedure is to provide a systematic process to determine if an applicant household meets the GRA income eligibility threshold.

### Procedure:

Locate the **Year-to-Date** pay on the year end pay stub. It should show, **Gross Pay**, prior to any withholding, and should be the largest figure on the stub. For example:

- If the applicant may have received a **net pay of \$42,000** for the year, the gross pay, prior to FICA or other withholding, is **\$49,000**.

Calculate the number of months worked at the present employer. If the applicant worked all year, there should be 12 months. Calculate the total number of months worked based on when the applicant began employment. For example:

- If the applicant began mid-month, use 0.25 for each week you worked in the beginning month.
- If the applicant began the last week of June, add 0.25 to the remaining six months of the year to get 6.25.

If the applicant **began work on Wednesday, March 21, 2018**, you will need to figure the part of March not worked to determine the number of days worked in March. For example:

- To calculate the number of days not worked in March, take the day prior (March 20<sup>th</sup>) to the start date (March 21st) and divide by the number of days in the month (31).

$$20/31 = .65 = \text{March 1 through March 20, 2018 (Days which the applicant did not work). } .65 \times 100 = 65.$$

- To figure out the percentage of the month in which he did work (look at the month as a whole (100%)).

$$100 \text{ (the whole month of March)} - 65 \text{ (March 1-20)} = 35 \text{ (March 21-31) number of days worked. } 35/100=.35.$$

- Calculate the remaining days worked for the year by using the last dated paystub using the pay end date.

The pay end date on the paystub is the last day being accounted for and paid out. For example:

- If the applicant has a pay end date of November 25, 2018, calculate the remaining months worked in the year by the exact end date (November 25, 2018) and divide by the number of days within the month of November 30.

**25/30 = .84 = (November 1-25 days worked).**

Add the calculated days and all preceding months worked.

March            0.35

April            1.00

May            1.00

June            1.00

July            1.00

August            1.00

September       1.00

October         1.00

November        0.84 =

8.19 = Total

Months Worked

Divide the gross income from Step 1 by the total months worked in Step 4. For instance, if the gross pay (YTD, Year-to-Date) was \$49,000 you would divide by the total number of months worked.

Example:

**49,000/8.19 = 5982.91 Monthly Income**

**5982.91 X 12 = 71794.92 Yearly Income**

**71794.92/26 = 2761.35 Bi-Weekly Income**

**71794.92/24 = 2991.46 Semi-Monthly Income**

## **GRA DELAYED FUTURE PAYMENT POLICY**

### **Policy**

The purpose of this policy is to provide direction to Processors to address delayed payments when there is a month crossover from when the application was submitted, and final approval is issued.

*While it is the intention of the Georgia Assistance Rental Program to address applications within the same month, there may be a delay in payment.*

### **Scope**

The policy applies to applicants who have experienced a delay in payment.

### **Procedure**

- Review the date of application when scheduling the future payments.
- Income qualification is established the date of application.
- Eligible households with incomes less than 50% of area median income, or households with one or more individuals that have been unemployed for the 90-day period preceding the date of application are prioritized. GRA also prioritizes households that are facing evictions.
- The payment of existing housing-related arrears that could lead to eviction is prioritized before any future assistance and no assistance with future rent can be provided unless the arrearage is also addressed.
- GRA is not currently accepting applications for past due utilities or future rent that do not also contain requests for past due rent. GRA does not accept any applications for future utilities. This policy can change later subject to funding availability.
- Payment will not be provided for more than the arrearage requested and may be approved for less than the original request.
- If future payments are requested, they should only extend out three (3) months from the date of application.
- In the event of a delayed payment, a new request must be submitted to cover the month(s) not included in the original request.

*Reminder: Total amount of assistance provided cannot exceed eighteen (18) months.*

### **EXAMPLE 1:**

**DELAYED PAYMENT PROCESS FOR ANNUAL INCOME QUALIFICATION. ARREARAGE AND 3 FUTURE PAYMENTS**

- A. If an application is received in March for arrearage for 3 future payments, but a delay in payment is made in April. The applicant should only be provided additional payments for May and June.
  - The applicant would need to complete and submit a re-certification request for July payment. The payment cannot be automatically applied. A new request must be submitted to cover any future rental payments that were not a part of the initial application, or a re-certification must be submitted for future months extending beyond three months from the date of application.

EXAMPLE 2:

DELAYED PAYMENT PROCESS FOR ANNUAL INCOME QUALIFICATION. ARREARAGE WITH NO (0) FUTURE PAYMENTS

- A. If the application is received in March for arrearage but for no future payment, but a delayed payment is made in May, the applicant should only be provided payment for the arrearage requested in March.
  - The applicant qualifies but would need to submit a request for assistance for April and May. Payments cannot be automatically applied. A new request must be submitted to cover any future rental payments that were not a part of the initial application.

EXAMPLE 3:

DELAYED PAYMENT PROCESS FOR MONTHLY INCOME QUALIFICATION. ARREARAGE AND 3 FUTURE PAYMENTS

- A. If an application is received in March for arrearage for 3 future payments, but payment is made in April, an applicant would only qualify for additional payments for May and June.
- B. For a July payment, the applicant would need to complete and submit a re-certification request, including providing the most recent two months of income leading up to the date of the request. Payments cannot be automatically applied. A re-certification request must be submitted for future months extending beyond three months from the date of application.

## INTERNAL CONTROL PRINCIPLES

GRA's management is charged with the responsibility of establishing processes and ascertaining that the ongoing processes are functioning in an effective manner, overseeing, and evaluating the duties and responsibilities of staff, determining the adequacy and effectiveness of internal and external audit activity, ensuring that all major issues reported have been satisfactorily resolved, and confirming that the objectives of the Program are being met.

### Personnel Controls

- GRA personnel consists of employees hired through DCA and temporary employees. All perform criminal background checks and require confirmation of identity from government issued identification.
- GRA personnel acknowledge in writing acceptable use policies for the network, software applications, internet use, email, and applicant personal information.
- DCA trains personnel on information security topics via video media and written materials.
- Termination of personnel includes immediate removal from the Portal and notice to IT personnel to remove any DCA access.

### Applicant Confidentiality

Employees and agents of the State will not disclose any applicant's personal confidential information as part of the program. All confidential information of applicants will be kept secure and unavailable to persons outside of the program. If the State receives a request for public records related to the program, only non-confidential information, as verified by the State, will be provided.

### Employee Eligibility and Application Review

DCA employees, contractual staff, and their family members who meet the program eligibility requirements are permitted to participate in the GRA program. As a DCA employee, contractual staff, or their family member, you will not be accorded any special consideration or handling of your application or program assistance.

Any DCA employee, or contractual staff, who chooses to apply to the program as a landlord or tenant must complete the GRA Applicant Relationship certification form.

Any DCA employee, or contractual staff, who participates in the operation or approval process for the GRA program must also disclose any relationship, regardless of type, that they may have with an applicant who has applied for assistance. The employee, or contractual staff, is required to immediately notify their supervisor and complete the GRA Applicant Relationship certification form.

At no time should any processor or underwriting staff member participate in the review or approval process, or have access to the application materials, of an individual they maintain a relationship with, be it familial or otherwise.

### Special Controls Available for Confidentiality of Employee Information

Applications from DCA employees have the potential to be reviewed separately from all other applications to ensure a heightened level of confidentiality. Employees should apply anonymously by following the "Procedure for Employee Applications" below. DCA recommends that employees take advantage of this measure. However, it is not a requirement, and employees can apply through the Portal like any other applicant.

- Employee applications will only be reviewed by permanent DCA staff. This is currently limited to Team Leads, Operations Managers, Program Manager and Program Director.

## Procedure for Employee Applications

- Employee submits a notification form indicating that he or she is going to apply for rental assistance.
- HR forwards the notification to the program and sends the employee the link for the paper application.
- Once filled out, the paper application is submitted by the employee to the GRA Program Manager who in turn sends it to an Operations Manager for assignment. Team Leads may be assigned for application processing.
  - Employee applications will be dealt with manually, as differs from all other applications in the portal. This difference in process will allow for the scrubbing of employee Personally Identifiable Information (hereinafter, “PII”) and the applications may contain “dummy” information for the purpose of keeping PII confidential
    - PII to be scrubbed includes full names and social security numbers. Real birth dates may be used, as well as demographic information used for reporting requirements (race, ethnicity, gender, etc.)
- The Operations Manager enters the application information manually and changes the applicant name to John Doe; in the order that these employee applications are processed, they become John Doe 1, John Doe 2, John Doe 3, etc.
- Operations Manager uses the address 123 Main Street for employees’ home address as a way to reduce the possibility that reviewers can determine who the applicant is. The applicant’s real county and zip code are used so that the applications can be tracked accurately for audit purposes
- “Dummy documents” are used in the submitted documents category (documents used for eligibility qualification, including applicants’ financial history, hardship circumstances etc.) and the real documents are stored in a secure DCA database.
- A system exists to “map” the John Doe applications to their real counterparts, so that GRA can meet auditing requirements by reporting these applications accurately while protecting the confidentiality of DCA employee applicants.

## **GRA POLICY FOR EMPLOYMENT OF TEMPORARY STAFF**

### **Policy:**

DCA's Georgia Rental Assistance Program will adopt the following standards to onboard employees through the said temporary staffing agencies.

### **Purpose:**

The purpose of this policy is to establish guidelines for hiring temporary staff employees to work for the Georgia Rental Assistance Program under the Department of Community Affairs.

### **Scope:**

The relationship between DCA's Georgia Rental Assistance Program and Staffing Agency Partners.

### **Contracts:**

The temporary staffing agencies that DCA utilize has an existing statewide contract that was negotiated by Department of Administrative Services State Purchasing through a competitive solicitation.

- Partner temporary staffing firms:
  - Ark Temp Staffing
  - Corporate Temp
  - DoverStaffing, Inc.
  - Focus of Georgia
  - Happy Faces Inc.

### **Procedure:**

1. When it is identified that a temporary staff is needed, the Program Manager will contact the temporary staffing agency listed on the statewide contract, specifying the specific need (s) and targeted date for the need.
2. The Temporary Staffing Firm screens candidates and forwards resumes to HR Coordinator.
  - A. HR Coordinator collates and provides resumes to Program Manager(s) for review and selection.
  - B. Program Manager/Director communicates to HR Coordinator selected candidates
  - C. HR Coordinator communicates selected candidates to appropriate Temp staffing firm(s) and coordinates confirmation of background checks and training.

- D. After confirmation of acceptance, the HR Coordinator begins the onboarding processes of securing staff access and equipment and scheduling Orientation and Training.
- 3. The HR Coordinator is responsible for ensuring the completion of the GRA New Hire Checklist for staff files.
  - The staff checklist is housed in Teams under HR.

## **GRA ONBOARDING PROCESS FOR TEMPORARY PROCESSORS**

The temporary staffing agencies that DCA utilizes has an existing statewide contract that was negotiated by the Department of Administrative Services' State Purchasing through a competitive solicitation. When the need is identified that temporary staff is needed, the business owner will contact the temporary staffing agency listed on the statewide contract.

- Staff need identified by Program Senior Manager
  - Processors - \_\_\_\_ (number)

With a target start date of: \_\_\_\_\_ and communicated by HR Coordinator to four temporary staffing firms:

- Ark Temp Staffing
- Corporate Temp
- DoverStaffing, Inc.
- Focus of Georgia
- Happy Faces Inc.
- Abacus
- Temporary staffing firms screen candidates and forward resumes to HR Coordinator
- HR Coordinator collates and provides resumes to Program Manager(s) for review and selection
- Program Manager communicates to HR Coordinator selected candidates for interviews and staffing
- HR Coordinator:
  - Communicates selected candidates to appropriate Temp staffing firm(s) and coordinates confirmation of background checks and training (date, time, location).
  - After confirmation of acceptance:
    - Submits an onboarding form and/or ServiceNow (SNow) ticket for IT set-up for each new staff to [onboardingoffboarding@dca.ga.gov](mailto:onboardingoffboarding@dca.ga.gov) to include:
      - Equipment to be provisioned and issued (Laptop, cord, case, headset)
      - Establishment of AD account and email (provide format for email [FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov))
      - Addition to Distribution Lists (All DCA Staff, All GRA Staff, xx, xx)

- VOIP phone number for Jabber
  - Start date
  - Note: IT maintains records for account creations
- Submits request to Portal Admin, requesting Sandbox access for username [FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov)
- Portal Admin maintains log of access created and provides cumulative reports to HR Coordinator monthly
- HR Coordinator prepares for Day 1:
  - Obtain Team Lead assignment from Program/Operation Manager.
  - Identification and labeling of workspace (cube).
  - Assist, as needed, for training logistics (location, etc.).
  - Coordinates Trainers (HR/Admin, IT, Programmatic) or LMS Videos (as appropriate).
    - For LMS (recorded) training, submit ServiceNow ticket requesting access to LMS for new staff ([FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov)) and assignment of recorded courses.
  - Assemble training materials (forms, acknowledgements, etc.).
  - Copies of the policies, processes, and procedures are provided for new hire review. They are required to sign the acknowledgement form confirming that they have received the documents listed and that they have read and understood the documents. The signed form is retained in the personnel file in DCA Human Resources.
- Day 1+
  - New Staff Check-in (HR Coordinator validates against roster).
  - Training:
    - Intro – Program Manager (live or virtual).
    - HR/Admin – HR (live or virtual).
      - DCA; State Government; Customer Service.
    - Policies:
      - COVID-19
      - Conflict of Interest – GRA; Form 8367b
      - Standards of Conduct
      - Alcohol and Drug Policy

- Additional Employment
  - Confidentiality
  - Dress Code
  - Sexual Harassment (policy, training, acknowledgement)
  - Ethics
  - Telework (policy and acknowledgement)
- Work Schedule/Holidays
- Records
- Active Shooter Training
- Parking options (forms distributed and collected)
- Pictures of staff taken for GBA Access cards and staff file. ID confirmation (Driver's License, State ID or Passport)
- Signed acknowledgements collected by HR Coordinator for staff files
- IT – IT (live or virtual)
  - Policies & Processes
  - Issuance of equipment (acknowledgement)
  - Set-up instructions (login, jabber, etc.)
  - Helpdesk instructions
- Programmatic – (live or virtual)
  - Program
  - Portal
  - Role
- Access Cards/Parking Passes:
  - HR Coordinator files staff photos and compiles list for GBA Access Card requests to include: FIRST LAST name, DL Number, Temp Staffing Company
  - HR staff submits access cards requests to GBA, collects, and distributes when ready
  - HR staff provides parking request forms to GBA as they are returned
    - GBA notifies HR when parking pass available at Pete Hackney entrance

- HR Coordinator Completes GRA New Hire Checklist for staff files
  - Files are kept in a Staff Folder within Teams under HR.

## GRA OFFBOARDING PROCESS FOR TEMPORARY STAFF

- Staff separation identified (FIRST LAST name) and communicated (with Last Day (to be) worked) to HR Coordinator by:
  - Temp Staffing Agency (when staff notifies TSA)
  - Temp Staff (via email)
  - Program Management (terminations, no-shows)
- HR Coordinator confirms notification to:
  - Temp Staffing Agency
  - Team Lead
  - Appropriate Operations Manager

And confirms staff notified of process to return equipment and Access Card.
- HR Coordinator submits ServiceNow ticket to disable staff account, to include:
  - FIRST LAST name, effective date (either effective now if staff member already completed, or day after last day to be worked, if notice given)
  - Request to archive existing emails
  - Request to forward incoming emails to Team Lead. If Team Lead is vacant, then to appropriate Operations Manager.
  - NOTE: IT maintains records of account terminations
    - HR Coordinator submits request to Portal Admin, requesting access terminated for [FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov) effective DATE. The Portal Administrator sends the request to HOTB Software for the immediate removal from the GRA portal system.
- HR Coordinator sends the notice to IT personnel to remove any DCA access
- HR Coordinator submits request to Portal Admin, requesting access terminated for [FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov) effective DATE
- HR Coordinator is responsible for all requests to terminate access and managing the revocation of access to systems and proprietary information, collecting equipment and ACCESS Card.
  - snow (DCA Intranet, email)
  - GRA Portal (the portal for the GRA program)
  - eLMS (the training system)
  - [humanresources@dca.ga.gov](mailto:humanresources@dca.ga.gov) (deactivate access card)

- HR Coordinator emails [humanresources@dca.ga.gov](mailto:humanresources@dca.ga.gov) with request to terminate Access Card for FIRST LAST name effective (Date; Time)
- Portal Administrator sends the request for the immediate removal from the HOTB system
- Portal Admin to maintain log of access terminations and provide cumulative reports to HR Coordinator monthly
- Team Lead (or Operations Manager, if TL vacant) re-assign active cases and notifies clients of new contact
- Return of Issued Equipment and Access Card:
  - Separated Staff Member returns equipment to Supervisor (if on-site) or to Temp Staffing Agency (if off-site)
    - Inventory taken by collector (Access Card, Laptop, Cord, Bag, Headset)
  - Supervisor returns Access Card to HR Coordinator and facilitates return of equipment to Mailroom at Central Office
  - Staffing Agency returns Access Card and equipment to Mailroom at Central Office
  - Mailroom staff log equipment return, provide receipt and return
    - Equipment to DCA Helpdesk Manager
    - Access Card to DCA HR Director
  - DCA Helpdesk Manager has IT Equipment Form scanned and sent to HR Coordinator for Staff File
- HR Coordinator Completes GRA TERMINATION Checklist for staff files
  - Files are kept in a Staff Folder within Teams under HR.
  - Files are moved to the Inactive Staff Folder.
- HR Coordinator submits ServiceNow ticket to disable staff account, to include:
  - FIRST LAST name, effective date (either effective now if staff member already completed, or day after last day to be worked, if notice given)
  - Request to archive existing emails
  - Request to forward incoming emails to Team Lead. If Team Lead is vacant, then to appropriate Operations Manager.
  - NOTE: IT maintains records of account terminations
    - HR Coordinator submits request to Portal Admin, requesting access terminated for [FIRST.LAST@dca.ga.gov](mailto:FIRST.LAST@dca.ga.gov) effective DATE. The Portal Administrator sends the request to HOTB Software for the immediate removal from the GRA portal system.

- HR Separated Staff Member returns equipment to Supervisor (if on-site) or to Temp Staffing Agency (if off-site)
  - Inventory taken by collector (Access Card, Laptop, Cord, Bag, Headset)
- Supervisor returns Access Card to HR Coordinator who facilitates return of equipment to Mailroom at Central Office
- Staffing Agency returns Access Card and equipment to Mailroom at Central Office
- Mailroom staff log equipment return, provide receipt and return
  - Equipment to DCA Helpdesk Manager
  - Access Card to DCA HR Director
- DCA Helpdesk Manager has IT Equipment Form scanned and sent to HR Coordinator for Staff File
- HR Coordinator Completes GRA TERMINATION Checklist for staff files
- Files are kept in a Staff Folder within Teams under HR.
- Files are moved to the Inactive Staff Folder.

## GRA REASSIGNMENT AFTER A TEMPORARY EMPLOYEE OFFBOARDS

### Policy

The purpose of the policy is to streamline the process for reassigning a caseworker after a temporary employee offboards.

### Process

When a temporary employee leaves the GRA Program, the HR Coordinator submits a ticket to IT to archive existing emails and to have all emails forwarded to the direct Supervisor.

- Email boxes exist after an employee leaves for 30 days.
- Archived emails will be maintained for four [4] years in accordance with the record retention standards.
- ***When a DCA employee leaves the program, they are changed to "return to DCA" and they are removed from the portal (if they had access). There is no further offboarding***

The HR Coordinator is responsible for all notifications to IT to terminate access and managing the revocation of access to systems and proprietary information, collecting equipment and ACCESS Cards

- sNOW (DCA Intranet, email)
- GRA Portal (HOTB System for the GRA program)
- eLMS (the training system)
- [humanresources@dca.ga.gov](mailto:humanresources@dca.ga.gov) (deactivate access card)

The HR Coordinator notifies the Portal Administrator to send a request to HOTB Software for the immediate removal from the GRA portal system.

- Team Lead (or Operations Manager, if TL vacant) re-assigns active cases to a new Processor via the dropdown feature in the portal.
  - *The Team Lead will check archived emails and attachments that could be missed during the re-assignment process.*
- The HR Coordinator will request a sNOW- ticket for the transfer of archived emails to the new Processor.
- The new Processor downloads the emails, and then uploads the required forms if the applicant is not able to do so.

- *Only in cases where the previous Processor has had to start an email correspondence with the applicant will clients be notified of a Processor change. The Processor change notification will be performed via either the conversation feature in the portal and/or via email.*

## **TELEWORK POLICY AND PROCEDURES**

**Issued By: Georgia Department of Community Affairs**

**Policy Number: HR-001      Section Name: Human Resources**

**Policy Name: Telework      Effective Date: 01/01/2021 Version: 1.0**

### **Purpose/Scope**

Telework is a program that authorizes employees to perform work at a location other than their conventional worksite. The telework site may be an employee's home or other approved location.

The Department of Community Affairs (DCA) recognizes that an employee telework program may positively affect the workplace with potential for increased productivity, enhanced employee recruitment and retention, cost reduction, work/life balance and environmental sustainability. Regular telework is not, however, applicable to all DCA jobs. This policy defines the DCA telework program and sets the guidelines and rules under which it will operate.

### **Background**

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Telework has been a work option for the State of Georgia and DCA for many years. With the increased implementation of Telework, an updated policy has been created to meet the needs of the Agency and affected employees.

### **Policy**

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#### **1. General Provisions**

1-1 Supervisors may allow employees to telework in accordance with this policy when it benefits the department.

1-2 Telework is generally a voluntary work arrangement. As such, it may be ended by the employee, supervisor, or other authorized DCA official at any time. Telework may be required in some instances.

1-3 Telework is a management option, not an employee right or entitlement.

1-4 All requests to telework will be considered based on policy eligibility requirements, customer needs, department/unit operating needs, employee performance, and availability of appropriate alternate workspace.

1-5 Telework does not change an employee's conditions of employment, performance expectations, salary, benefits, or employer-sponsored insurance coverage.

1-6 While teleworking, employees must continue to follow all applicable laws, unit and department policies, rules, and regulations.

1-7 Employees must devote telework time to completing DCA assignments. They must not engage in secondary employment activity or otherwise conduct personal business while in official work status.

1-8 Telework may be either regular or occasional.

1-8-1 Regular telework is scheduled for each week or, at least each pay period.

1-8-2 Occasional telework is scheduled on an infrequent, as-needed basis.

1-8-3 Employees in positions designated as 100% Telework will have their place of reporting as the Telework site. Employees teleworking less than 100% will have the DCA office as their regular place of reporting.

1-9 Use of an employee's home or other personal property as a telework site is at mutual agreement of employee and DCA. Employees are responsible for maintaining and using their homes and personal property in a safe manner when used for teleworking.

1-10 Employees may be required to report to the DCA office on a scheduled telework day based on customer or organization needs.

1-11 Employees agree to participate in studies, inquiries, reports, or analyses relating to teleworking, upon request.

## Procedures/Guidelines

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### 1. Eligible Positions

1-1 Supervisors will make the determination if a position is appropriate for regular teleworking.

1-2 Eligible positions have the following characteristics:

1-2-1 Measurable work activities with clearly defined results and expectations,

1-2-2 Infrequent face-to-face communication requirements (most communication can be handled by phone, email, video and/or audio conferencing, etc.),

1-2-3 Job duties can be performed independently and away from the office (examples -- research, writing, report preparation, analysis, etc.),

1-2-4 Job duties do not require close supervision,

1-2-5 Minimal need for support or special equipment,

1-2-6 Workflow can be controlled and scheduled, and

1-2-7 Work can be performed at an alternate worksite without negatively affecting service quality or unit operations.

1-3 The eligibility of a position is subject to change depending on specific circumstances.

## 2. Eligible Employees

2-1 Unless the Division Director grants a specific exception, employees must generally meet the following criteria in order to be eligible for telework:

2-1-1 Demonstrated successful job performance as documented on the most recent performance evaluation,

*NOTE: If the employee has not yet received a performance evaluation, the supervisor may certify that all expectations are being met.*

2-1-2 Demonstrated self-motivation, responsibility, and ability to work independently,

2-1-3 Familiarity with work requirements, and

2-1-4 Access to a suitable alternate workspace.

2-2 The Division Director may grant an exception and allow an otherwise ineligible employee to telework based on the needs of the organization.

2-3 Employees hired into a Telework position are expected to adhere to same standards as employees who transition into a Telework arrangement.

## 3. Telework Agreement

3-1 Before an employee can begin teleworking, the employee and supervisor must sign a *Telework Agreement*. Exceptions may be necessary, but a telework agreement should be completed as soon as practicable under such circumstances.

3-2 The *Telework Agreement* may be modified and reissued, as determined appropriate. For example, an agreement may be modified due to a change in job duties and responsibilities or the method in which they are executed which impacts suitability for telework.

3-3 If circumstances are no longer favorable for telework, the *Telework Agreement* will be terminated.

3-4 The *Telework Agreement* must be reviewed and discussed annually and when there is a position change for either the employee or supervisor.

## 4. Training

4-1 Before an employee can begin teleworking, both the employee and supervisor must complete telework training provided by HR and acknowledge in Telework Agreement.

4-2 Supervisors who have already completed telework training are not required to repeat the training each time a new employee will begin teleworking.

## 5. Workspace

5-1 As a condition of permission to telework, employees must verify that the proposed workspace, whether it is within their homes or elsewhere, is safe and suitable for productive working.

5-2 Supervisors may deny telework if the proposed workspace would not be suitable for work production or if it would expose the department to unreasonable risk for liability because of safety or other concerns.

5-3 Teleworking employees are expected to maintain a telework workspace that is clean, safe, adequate for work, and free of obstructions and distractions.

5-4 Employees may not have business guests at their telework location.

5-5 If necessary, equipment or other resources are temporarily unavailable at the telework site, telework may be suspended until the site is fully functioning and usable. Examples may include but are not limited to interruption and/or loss of phone, internet, or power sources.

## 6. Work Hours

6-1 While teleworking, employees are expected to work their normal work schedule, unless another schedule has been approved by their supervisor.

6-2 Employees must receive permission from their supervisor (or designee) before altering telework schedules.

6-3 Employees who are non-exempt from the minimum wage and overtime requirements of the Fair Labor Standards Act (FLSA) and who work overtime without permission are subject to removal from the telework program and other appropriate action.

6-4 Any travel between home and the telework site (if different from home) on telework days is not considered work time and is not compensable.

6-5 Teleworking employees must be accessible to their customers, supervisors, and co-workers during telework hours (e.g., by telephone, cell phone, email, etc.) Text messages may also be utilized as a means of communication when agreed upon with supervisor.

6-6 Supervisors may require teleworking employees to maintain a log or other report of work completed while teleworking.

## 7. Equipment & Supplies

7-1 Before an employee begins teleworking, the employee and supervisor must determine, in consultation with IT, equipment and supply needs required for the telework workspace. Employees must read and abide by applicable IT Security policies.

7-2 Teleworking employees should request necessary basic supplies (e.g., pens, paper, etc.) from DCA Central Supply while they are working in office when possible. Employee is responsible for picking up needed supplies from the office. Supplies will not be mailed to telework sites. Such supplies are to be used for work-related purposes only. If employees choose to use personal supplies while teleworking, DCA is not responsible for reimbursement, unless their supervisor previously approved a specific out-of-pocket expense for reimbursement.

7-3 Teleworking employees are expected to use the furniture, utilities, phone lines, internet access and other equipment available at the telework site with no expense to DCA. Employees are responsible for the cost of maintenance, repair and operation of personal equipment not provided by DCA.

***NOTE:*** *Desk chairs, standing desks, stands for printers and scanners, etc. are considered furniture items and are not to be removed from the office.*

7-4 DCA may allow employees to use DCA equipment (e.g., laptops, monitors, docking stations or other job specific hardware assigned to them etc.) for telework. This equipment remains DCA property and must be returned to DCA when the employee is no longer in telework status.

7-4-1 All DCA equipment assigned for telework must be logged on employees' IT Asset Inventory within the approved Telework Agreement before it is removed from a DCA office.

7-4-1.1 Equipment appropriate for occasional telework or 1-2 days per week away from the office should include no more than a laptop, headphones, laptop case and portable power charger.

7-4-1.2 Monitors, docking stations, scanners, printers, and other job specific hardware should not be removed from the worksite unless teleworking will be prolonged or permanent with the office being the alternate work site.

7-4-1.3 No additional equipment will be assigned in order to facilitate telework.

7-4-2 Teleworking employees are responsible for transporting their DCA-issued equipment between the DCA office and alternate work site.

7-4-3 DCA equipment is intended for DCA work-related purposes and must be used in compliance with department and statewide policies.

7-4-4 Employees are not to use personal software on DCA equipment.

## 8. Security/Confidentiality

8-1 Teleworking employees are responsible for protecting the security, integrity, and confidentiality of DCA information at the telework site. This responsibility includes preventing unauthorized access to DCA computer systems.

8-2 Teleworking employees are expected to comply with all provisions within the statewide security awareness program.

8-3 Employees are not to save state of Georgia information to non-DCA devices. Employees must read and abide by “Confidentiality, Remote Access and Securing IT Assets Used at Home” as well as “Managing Risk in Your Work From Home Environment”. DCA information is to be accessed securely through VPN.

8-4 Employees are expected to use only DCA issued computers and other IT related devices when teleworking.

8-5 Employees are expected to use reasonable care to safeguard DCA equipment and information from loss, damage, or destruction.

## 9. Workers' Compensation/Liability

9-1 The telework workspace is generally considered an extension of DCA while it is being used for work.

9-2 Telework does not change the manner in which Workers' Compensation procedures are followed.

9-3 Employees who are injured in the telework workspace during telework work hours are to immediately report the injury to their supervisor.

9-4 Neither DCA nor Workers' Compensation is responsible for injuries to non-employees in the telework workspace.

9-5 DCA is not responsible for loss or damage to personal or real property at the telework site (including any attached structure).

9-6 DCA is not responsible for employee tax implications related to teleworking, for insuring the telework workspace, or for utility costs associated with teleworking.

## 10. Work

### Expectations

10-1 Employees are expected to use the telework time for performing DCA duties and are to refrain from engaging in secondary employment or other personal business during this time.

10-2 Employees are expected to make arrangements for dependent care, as appropriate, on telework days and to keep work interruptions, such as personal phone calls, to a minimum during telework hours.

*NOTE: Exceptions may be made for specific circumstances in emergency situations.*

## 11. Records & Reporting

11-1 Human Resources will maintain telework agreements and training history related to teleworking employees.

11-2 Telework records will be maintained for four years in accordance with records retention standards.

## 12. Assistance

12-1 Human Resources is available to assist employees and supervisors with questions related to telework.

### 13. Exceptions

13-1 Exceptions to the Procedures/Guidelines outlined above may be made when it is beneficial to the Department and is approved by the employee's Division Director and Deputy Commissioner. Exceptions may be documented within the employees Telework Agreement.

## Related Documents

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### Forms:

*Telework Agreement* (Form DCA Telework Agreement 2020)

## ASSISTANCE PROGRAM DISCLOSURE REQUIREMENT

The Georgia Department of Community Affairs (DCA) is the administrator for many state and federal programs. To prevent a conflict of interest or an appearance of a conflict of interest, all DCA employees, contract, and temporary employees (“employee”) are required to disclose pertinent information and follow the requirements noted below.

### Application for Assistance

An employee interested in receiving assistance through a DCA administered program must submit a request through HR and submit via email at [humanresources@dca.ga.gov](mailto:humanresources@dca.ga.gov).

The Program Manager will be notified and will provide instructions and information regarding the program to the employee.

The employee may apply to the program if the following are met:

- The employee has notified HR and discussed the application process with the appointed Program Manager.
- The program does not exclude the employee or co-applicant(s) from receiving assistance.

*An employee who has a pending application or is currently receiving assistance through a DCA administered program prior to receipt of this form, must notify HR within 10 business days of signing this document.*

Application to a program does not guarantee assistance and employee status does not permit program exceptions or special considerations. Information and documentation provided by the employee or co-applicant(s) to receive assistance or to continue to receive assistance must be accurate. Steps will be taken to keep the application as private as possible, but full confidentiality is not available.

### Application for Assistance for Related Parties

An employee must request reassignment of a program application for an applicant who is related or known to the employee.

An employee cannot influence the outcome of an application for any DCA administered program for which an applicant is related or known to the employee. Employees must report any undue employee influence to the Manager.

An employee must disclose any relationship with an agency or company which assists with DCA program applications.

## DCA PROGRAM ASSISTANCE DISCLOSURE

The Georgia Department of Community Affairs (DCA) is the administrator for many state and federal programs. To prevent a conflict of interest or an appearance of a conflict of interest, all DCA employees, contract, and temporary employees (“employee”) are required to sign an **Assistance Program Disclosure Requirement** form. A copy of the signed form is provided for their records.

The purpose of the form is three-fold:

- Provide the employee with a way to discreetly inquire about a program. Maintain control over the processing of program applications or recertification for continuation of assistance.
- Document employees receiving assistance for reporting purposes.

An employee interested in receiving assistance or who is receiving assistance through a DCA administered program must notify Human Resources (HR) in writing and submit via email at [humanresources@dca.ga.gov](mailto:humanresources@dca.ga.gov), who will forward the information to the Program Director or Manager.

- New Application to Program. The Program Manager will contact the employee and provide program information and instructions for applying. Application to a program does not guarantee the employee will receive assistance and employee status does not permit program exceptions or special considerations.
- Existing Application to Program. The Program Manager will review the status of the employee’s application or assistance and reach out to the employee if their program eligibility may have changed.

The program has controls in place for processing, underwriting, approving, or otherwise working an application submitted by an employee.

- The Program Manager will assign the request for services to the appropriate staff person(s) for processing and approval or disapproval for services.
- A Program Supervisor or Manager must review and sign off on the approval or denial.
- Employees receiving program assistance will be documented on a spreadsheet.

The program has controls in place to prevent conflict of interests or undue influence.

- An employee must request reassignment of a program application for an applicant who is related or known to the employee.
- An employee cannot try to influence the outcome of an application for any DCA program in for which an applicant is related or known to the employee and must report any undue influence regarding an application assigned to them.

Program Management will review any reports of undue influence by any employee regarding a program application or an appearance of a conflict of interest. Management may discuss cases with HR and determine the next steps.

## POLICY: CYBERSECURITY - PASSWORDS

Passwords shall be the minimum acceptable mechanism for authenticating users and controlling access to information systems and applications.

All users (employees, contractors, and vendors) with access to GRA information systems shall take the appropriate steps to select and secure their passwords.

Upon learning of any cybersecurity threats to similar Georgia authorities, GRA will complete the forced password reset and require passphrase updates-based password requirements.

Please see offboarding policy for shutting down user access to the portal upon termination of employment.

### Guidelines: Cybersecurity - Passwords

DCA employees MUST change their portal passphrase to be different than their computer passwords and must be a different passphrase for each device to protect potential instances of a cybersecurity attack. Portal passwords MUST

- A **pass-phrase not a password** should be used and **must combine upper case and lower case letters**, and most importantly should **convert some letters to numbers**; Ex. “Live Free Or Die!” which can convert to L1v3Fr330rd13! “You and Me Both Brother!” U@M3B0thBr0th3r!
- GRA Portal passphrase must be a **minimum of 16 characters** long
- The pass-phrase **must not be emailed** to anyone
- The pass-phrase **must not be reused** as part of any other log-in you have for DCA, nor for any personal use
- **You must not use any part of your DCA email address**, Office address, personal address, office or personal phone numbers
- **Never Use Your Personal Passphrases for Privileged/Administrative Accounts**
- Consider **changing your personal email account password as soon as possible** to one that does not share any words or phrases with passwords you use at DCA

### Procedure: Cybersecurity - Passwords

- Resetting your DCA password requires you to connect through the DCA VPN
- Please refer to the following instructions to update password.
- Please keep in mind the passphrase guidelines.

## **GRA TEMPORARY STAFF TIME OFF POLICY**

### **Scope**

This policy applies to all temporary employees requesting leave.

### **Policy**

The purpose of this policy is to detail the process for a temporary employee to request leave.

### **Procedure**

- All non-emergency leave requests must be pre-approved. Failure to obtain pre-approval and/or to properly notify your supervisor of your pending absence may result in termination of the assignment.
- Temporary employees should make every effort to provide advance notification for leave requests.

#### I. Available leave types and requirements:

##### A. Advance Leave Request

- The temporary employee must provide a written email request to their supervisor with the requested time-off date(s) up to five (5) business days in advance; at least one (1) week in advance.
- The temporary employee must contact their staffing agency to notify them of the requested time-off date(s); at least one (1) week in advance.

##### B. Same-Day Leave Request

- For an unscheduled same-day request, the temporary employee must notify their supervisor and staffing agency at least one (1) hour prior to their scheduled work time.

##### C. Emergency Leave Request

- The temporary employee must notify their supervisor and staffing agency as soon as possible and follow-up with an email notification upon their return.

##### D. Mid-shift Emergency Leave Request

- The temporary employee must notify their supervisor, HR Coordinator and staffing agency prior to leaving work.

## II. Extended Leave Beyond Five (5) days

- Extended (non-sick) leave beyond five (5) days must be pre-approved by the temporary employee's immediate supervisor and staffing agency.
- Extended sick leave beyond five (5) days will require documentation to support absence and must be provided by temporary employee to staffing agency.
- Extended leave time beyond five (5) days will require a meeting between the agency and partnering organization.

## **GRA BREAK AND MEAL PERIODS POLICY FOR TEMPORARY STAFF**

### **Scope**

This policy applies to GRA temporary staff.

### **Policy**

This policy aims to promote an equitable and efficient working environment. It is DCA's intent to comply with all applicable federal and state wage and hour laws.

#### **Meal Period**

Temporary staff employees who work more than six hours (6) hours will receive a one [1-hour] meal break.

- Meal break should be taken close to the middle of the work shift, but in no instances may be taken within the first two hours or the last two hours of the work period

#### **Break Period**

Temporary employees receive two (2) non-consecutive, 15-minutes breaks.

- The first break is not to be taken prior to 9:30 AM.
- The second break is not to be taken after 4 PM.

#### **Georgia Department of Labor – Breaks and Meals**

Neither the Fair Labor Standards Act (FLSA) nor Georgia law require breaks or meal periods be given to workers. However, many employers do provide breaks and meal periods. Breaks of short duration (from 5 to 20 minutes) are common. The FLSA requires workers be paid for short break periods; however, an employer does not have to compensate for meal periods of thirty minutes or more, as long as the workers are free to use the meal period time as they wish and are not required to perform work during that time (Georgia Department of Labor, 2021).

## **ANTI-FRAUD POLICY**

The Georgia Department of Community Affairs (“DCA”), under contract with the Georgia Housing and Finance Authority (GHFA), administers the Georgia Rental Assistance (“GRA”) program.

### **Purpose of the Anti-Fraud Policy**

The purpose of the Anti-Fraud Policy is to prevent, detect, and mitigate potential fraud risks in the Georgia Rental Assistance program and maintain compliance with the GHFA Participation Agreement fraud reporting guidelines.

### **Application of the Anti-Fraud Policy**

All GRA employees and contractors must comply with the provisions of the GHFA Agreement:

- Staff: DCA employees and employees under contract with staffing agencies;
- Partner Agencies: Participating agencies under contract or otherwise;
- Contracted services: Providers under contract; and
- Outside parties: Inclusive, without regard to contract.

### **Risks**

Failure to properly deter and identify fraudulent activity can result in harm to the GRA applicant, the community, and to the GRA program.

### **Fraudulent Activity**

Fraudulent activity can occur and/or be discovered through the following:

- Advanced fees. GRA does not require or accept any fees in connection with the GRA program.
- Lease Modification. GRA does not modify the applicant’s existing lease, but the program may require the temporary waiving of past due lease related fees.
- On-line Marketing. Websites that are discovered or reported to GRA that contain the GRA or DCA name or logo will be reviewed for misrepresentations.
- Consumer Complaints. Consumers may report to GRA questionable activity involving an applicant, an individual, or a company.
- Application fraud. Renter or Landlord fraud, including identity theft.

### **Prevention**

To reduce GRA’s exposure to fraud, the following steps have been taken:

- Dual controls have been established so that no one person has direct access to funds in any capacity.
- System in place to monitor rental and utility payment activity: Funds are reserved, and payments scheduled in the GRA portal system.

- Each processing and underwriting position has specific designated responsibilities that are outlined in their respective Process/Routine documents. No person can operate in a singular decision-making capacity.
- Personnel in each position are limited in computer access to areas that are required to meet job requirements. The access is terminated at the time of employment termination. The assignment and termination are handled by the immediate Supervisor or Operations Manager.
- Personnel in each rental and utility assistance process position have been provided with ways to recognize and investigate “red flags”. The Red Flag policy is reviewed annually and updated as needed.
- Fraud training classes will be provided as processors are added to the project, at Operations Managers’ discretion. There may be one or more of said trainings provided, and processors will sign documentation that says they’ve completed the training. Documentation will be kept in the employees’ personnel files.

Secure application site is in place.

GRA has its own secure email system.

The GRA website includes information for the public to report fraud in GRA loans. Fraud may also be reported through the GRA email.

Information regarding the GRA Program include links to the US Treasury’s website.

When discovered or reported to GRA, websites which contain the GRA name and/or logo will be reviewed for misrepresentation.

## **Procedure**

All reports or complaints regarding fraud are treated with high priority and are handled by the Program Director or Operations Manager. The Office of Inspector General and/or US Treasury may be contacted for additional guidance. Incidences are reviewed and findings are documented.

- GRA will disclose to the OIG and/or US Treasury any credible evidence known in connection with the Georgia Rental Assistance program that a management official, DCA or GRA personnel, a contractor of DCA, or an outside entity has committed or may have committed a criminal act under Title 18 U.S.C. or for any report that would fall under Title 31 U.S.C. §§3729-3733 False Claim Act.
- Websites misrepresenting GRA or its program will be reported to OIG and/or US Treasury and referred to Georgia State’s Attorney Office for legal guidance. Individuals or agencies attempting to collect advanced fees, or attempting other activity deemed a fraudulent scheme for the Georgia Rental Assistance program, whether as stand alone or with other rental activity will be reported to the OIG and/or US Treasury and to the Georgia Department of Banking and Finance.
- Individuals or agencies reported to GRA in regard to advance fees, extortion, embezzlement, false advertising, false billing, forgery, and identity theft not involving the GRA loan will be forwarded to the OIG, the Georgia Department of Banking and Finance (if applicable) and the US Treasury.
- Application fraud will be reviewed on a case-by-case basis. Attempted fraud by the applicant to obtain assistance may result in denial. Fraud later discovered during certification or otherwise may result in the

applicant's termination from the program; terminations for fraud will be reported to the OIG and/or US Treasury. Identity theft will be reported to local law enforcement and the OIG and/or US Treasury.

- A separate document has been created that describes the internal process for handling fraud investigations in detail.

### [U.S. Treasury/OIG Reporting](#)

DCA legal staff will review all complaints and allegations of fraud. When a credible complaint or allegation is received, DCA legal staff will disclose the complaint/allegation(s) to the Office of Inspector General and/or the US Treasury. The procedures for the internal investigations are detailed in another document, "[Internal Process for Handling Fraud](#)."

## **PERSONALLY IDENTIFIABLE INFORMATION (PII) COMPLIANCE**

The Georgia Department of Community Affairs (DCA), under contract with Georgia Housing and Finance Authority (GHFA), administers the Georgia Rental Assistance (GRA) program.

### **Application Procedure**

GHFA is contracted with HOTB Software Solutions, LLC (HOTB) to provide the application website: <https://georgiarentalassistance.ga.gov/>.

### **Security and Oversight**

Policies and procedures have been established to protect the applicant's private and financial information.

#### **Information Security and Testing**

- DCA has adopted the FISMA policies and procedures as promulgated by the state's Georgia Technology Authority, with additional policies and procedures written and tailored to the security requirements of the agency. In addition to firewalls operated by a third-party vendor under contract to the state of Georgia, the agency owns and controls its own firewall. Known software vulnerabilities are mitigated by an automated patch deployment system, and servers and endpoint machines are protected by antivirus programs, some tailored for the application(s) running on the hardware. DCA has a written procedure controlling the creation, change and deletion of user accounts for their computing infrastructure. DCA controls access to the HOTB portal and manages appropriate permissions via user accounts to GRA staff. Temporary-status employees are granted a time-limited user DCA account with appropriate permissions that must be renewed periodically in a prescribed manner. Secure email is utilized to protect the confidentiality of the applicant's information.

DCA customarily engages a third-party vendor to perform pen testing on external interfaces and analyzes and mitigates known vulnerabilities.

- HOTB's program changed its host to Amazon Web Services (AWS) and a SOC 3 report was provided for the period of April 2020 – September 2020. The audits test controls in Human Resources and Training, Corporate Information Security, Physical Data Center Access and Environmental Controls, Service Delivery and Operations, Infrastructure and Change Management, Customer Implementation and Change Management, Logical Access, and Backup of Programs and Data Files.
  - The system uses several tools that proactively detect and trace network-wide anomalies and evaluates existing and potential threats.

#### **Information Technology (IT) Controls**

- Access to the HOTB system is restricted through portal assignments. The staff member must be uploaded into the system into the proper portal, and only has access to the applications specifically assigned to him/her to be worked. Once worked, the access to the application is removed. With the exception of the limited administrators, no person has access to the full database.
- Application integrity can be monitored through a 90 day look back available through HOTB. This provides a list of any changes or deletions in the application or Georgia Rental Assistance data.

- The Common Data File tracks the majority of GRA requests, confirmations, and payment activity.
- GRA has its own secure email system.

### Personnel Controls

- GRA personnel consists of employees hired through DCA and temporary employees hired through temporary agencies. All perform criminal background checks and require confirmation of identity from government issued identification.
- GRA personnel acknowledge in writing acceptable use policies for the network, software applications, internet use, email, and applicant personal information.
- GRA trains personnel on information security topics via video media and written materials.
- Termination of personnel includes immediate removal from the HOTB system and notice to IT personnel to remove any DCA access.

### Hard Data Controls

- The intent of the GRA program is to maintain all data and records electronically. If a hard file is created for a GRA application, it is locked up at the end of each night in the desk, cabinet, or in the filing room. If a locked desk, cabinet, or filing room is unavailable, any paper documents received will be uploaded to the portal and the hard files will be shredded.
- Applicant personal or financial information should be received electronically and should not be printed or duplicated. Information from paper applications that are received, will be entered into the GRA application system and applicant personal or financial information that is not needed is shredded. An outside shredding company was contracted in October 2013 to provide shredding service on a larger scale. The container is locked and picked up once a week by the shredding company.
- Posters are posted to remind personnel to protect data through adequate passwords, storage of records, and proper disposal.

# HOTB SOFTWARE SOLUTIONS DISASTER RECOVERY PLAN



## Disaster Recovery / Business Continuity Policy & Plan

### Policy Objective

HOTB recognizes the need to keep both the Company and our clients up and running. As a technology company, having access to internal company data and services is critical so our staff can execute their job. For our clients, the availability of our websites to them is important so they can access information or keep services available to those they serve.

HOTB splits our DR/BC plans into two paths: production hosted applications at hosting provider facilities and internal information and access to productivity tools for HOTB employees.

### DR/BC for Hosted Facilities

Within our Production Environment, HOTB maintains both local redundancy and total site DR redundancy.

The entire hosting environment benefits from the redundancy associated with a large scale hosting provider, including multiple Internet connections, fire suppression and power backup services (both generator and battery).

HOTB's live production environment is backed up each night and a copy is held for 6 consecutive days and is then purged.

In the event of a catastrophic event at the primary Production Environment, HOTB can use AMI's to replicate in near real time to a live AWS Region and availability zone.

### Production Recovery Steps

In the event of a production outage due to some form of disaster, the following steps will be taken to evaluate the situation and take corrective action.

1. AWS will notify key members of the HOTB Management Team that an outage has taken place in the Production Environment
2. The HOTB Management Team will meet to review the reason for the outage and determine a timeline to recovery.
3. A determination will be made to either bring the Production Environment back online.
4. Once facts are known, and an anticipated timeline has been identified for recovery, clients will be updated on the outage.
  - a. HOTB will maintain an email distribution list of all client contacts who want to be informed of system outage related matters.
5. HOTB will take corrective action to bring the HOTB application back online. Doing so will involve resources at AWS, within HOTB and in partnership with any identified outsider service providers.



6. AMI recovery steps include establishing a new EC2 instance from the AMI backup and assigning the IP addresses and redirecting the domains.

Recovery Time Objective – 4 Hours. Depending on the need to transition to the Disaster Recovery Environment and the duration it takes for clients to modify their domain name configurations, the Recovery Time Objective may or may not be achieved.

Recovery Point Objective – Up to 24 Hours. In a catastrophic event in the Production Environment where all data is lost, the data replication process to the Disaster Recovery Environment should ensure no more than 24 hours worth of data is lost.

#### DR/BC for Corporate Office Facilities

HOTB maintains facilities to enable collaboration between its employees and communications with its clients and service providers. The only office is located in Irvine, CA with a primary purpose of providing Internet Access and physical workspace in which its employees may execute their work. However, the Company has recognized the importance of cloud services, particularly with collaboration in that it yields benefits for both redundancy and security that most small firms cannot cost-effectively achieve on their own. With that in mind, HOTB has specifically moved to keep all primary core functions and information technology services in the cloud and outside the corporate office environment.

By keeping facilities out of the Corporate Office Facilities, HOTB maximizes its flexibility to remain up, even in the event of fire or catastrophic loss of the Corporate Office Facilities.

The following is an identification of core office productivity functionality and how maximum flexibility is built into the environment

Core Service	DR Solution
Email	HOTB has entrusted hosted email with Microsoft 365 (a hosted Exchange service). The Microsoft hosted offering provides global data center redundancy and anywhere access to email.
Telephones	While HOTB maintains a phone switch within the Irvine Corporate Office Facility, every employee is armed with a cell phone that can be used as a replacement to voice calls and the local phone switch when needed. A phone call from HOTB to our phone provider (Cox Communications) can result in the redirection of the phone lines as needed.
Files Storage	HOTB has implemented the hosted Google Drive as part of its hosted services. This again provides significant infrastructure



	redundancy and uptime for storage of all HOTB related documents, as well as extensive permission and access controls.
--	---

**Recovery Time Objective – 7 days.** Depending on the need to transition to an entirely new office (for example, fire in the Irvine Corporate Facility), we may be in a position to get up and running with appropriate hardware and Internet access within 7 days. During that period, employees will be able to work from home or other venues as available through use of hosted Microsoft Application and mobile phones.

**Recovery Point Objective – 24 Hours.** HOTB anticipates only backup up certain Active Directory configuration and log information on a daily basis. That data will be backed up to an offsite service on a daily basis.

#### **DR/BC Testing**

It is important to test the disaster recovery processes outlined above to ensure they function as designed and to ensure the HOTB team is aware of how the plans work.

HOTB will take a copy of the replicated Disaster Recovery Environment Database and bring it live in a separately named DB instance once a year within the Disaster Recovery Environment.

HOTB will validate our access to Microsoft hosted application on a continuous basis and once a year review their DR plan and related third-party audit documents.

HOTB staff will, once a year, execute desktop walkthroughs for three scenarios:

1. The Production Environment is lost to a fire.
2. The Production Environment experiences corruption of a database.
3. The Corporate Office Facilities are lost to an earthquake.

Results of all these tests will be documented and conclusions from those test will be signed off by all participants and reviewed by the CEO or his designee.

#### **Application Penetration Testing**

HOTB shall have its software reviewed by an independent organization that specializes in application security on an annual basis. The Penetration Test shall review all aspects of HOTB's Application Portals and cover common software vulnerabilities. The review may include a combination of static analysis of the binary code, dynamic web application vulnerability scanning and manual penetration testing. Upon request, HOTB shall provide a summary of the Penetration Test results to authorized Client representatives.

## FORMS, TEMPLATES, FORM LETTERS

### Employee Participation Disclosure Form

### **State of Georgia Rental Assistance Program**

#### **Department of Community Affairs/Contract Employee Request to Apply for Assistance/Disclosure Form**

I, \_\_\_\_\_, am a direct, contract or temporary employee of DCA and:

I am submitting this request to apply for Georgia Rental Assistance on \_\_\_\_/\_\_\_\_/\_\_\_\_\_. As an applicant, I will furnish complete and accurate information in a timely manner to assist in processing my application. If assistance is provided, I will furnish my complete and accurate information in a timely manner for all required certifications. I understand that any false statement or fraudulent documentation will be reported to the U.S. Treasury, that I will be terminated from the Georgia Rental Assistance program, and my employment with DCA will be impacted. Rental assistance through the Georgia Rental Assistance program will be denied or terminated upon discovery of any false statement or fraudulent documentation and repayment of assistance funds will be required. I further understand that as an employee I am not accorded any special consideration or handling of the application or assistance.

Initial: \_\_\_\_\_

– AND/OR –

I have a relationship with a person who has applied or intends to apply for assistance through the Georgia Rental Assistance program.

Name of applicant: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of application: \_\_\_\_/\_\_\_\_/\_\_\_\_

As a third party to an applicant, I realize that I may not have any involvement in the processing or underwriting of that application, nor have any access to any information gathered in the application, nor be informed of the decision regarding that application. I may as a courtesy transport information to the office and answer general questions the applicant may have regarding the program. I have not requested any payment and understand that I cannot accept any fee or gratuity.

Initial: \_\_\_\_\_

By signing below, I acknowledge and confirm that all information provided on this form is true, accurate and complete.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

GRA Program Participation:

Approved by: \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

For approved employee rental assistance:

Final review performed by \_\_\_\_\_ on \_\_\_\_/\_\_\_\_/\_\_\_\_

## Policies, Processes and Procedures Acknowledgement Form

# **Policies, Processes and Procedures Acknowledgement Form**

Copies of the following policies, processes, and procedures have been provided for your review. You are required to sign the acknowledgement form below confirming that you have received the documents listed below and that you have read and understood the documents. Your signed form will be retained in your personnel file in DCA Human Resources.

- Dress Code
- Grievance Procedure
- Sexual Harassment
- Political Activity
- General Conduct
- Corrective Actions
- Official Hours and Work Schedules

This is to certify that I have read and understand the Department of Community Affairs' aforementioned policies, processes, and procedures and the State's Code of Ethics. I understand that I am responsible for abiding by the terms and conditions of these policies, processes, and procedures and that violation of any of these is a basis for disciplinary action.

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**Employee Signature Date**

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**Employee Name (Print)**

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**HR Representative Signature Date**

## Failure to Comply Form

### Failure to Comply

Non-compliance subjects an employee to termination. Receiving, attempting to receive, or helping others to receive program assistance under false pretenses or through omission of information may be turned over to Federal and/or State authorities for investigation and prosecution.

***I have read and understand the above statements.***

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Print Name

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Signature

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Date

## Confidentiality and Client Use Form

<https://documentcloud.adobe.com/link/review?uri=urn:aaid:scds:US:93e30910-9fc4-4043-8821-2de24f85070e>

## **GEORGIA RENTAL ASSISTANCE REQUIRED DOCUMENTS**

All Georgia Rental Assistance required documents and templates are located on the GRA application website at <https://georgiarentalassistance.ga.gov>. All required documents, templates and printable paper applications are also available at the website in the following languages: Korean, Mandarin, Spanish and Vietnamese.

**Self Employment Income Form**

# **State of Georgia Rental Assistance Program**

## **Self-Employment Income Certification**

**Any applicant who is self-employed should complete this form if they are submitting current income OR if they are submitting 2020 income and have not yet filed taxes. You may submit a copy of the 2020 tax return in place of this form.**

Name of person who has self-employment income: \_\_\_\_\_

Company Name (if Applicable): \_\_\_\_\_

Company Address: \_\_\_\_\_

Date of Income Reported (MM/DD/YY – MM/DD/YY): \_\_\_\_\_

Describe what you did to earn this money (be specific): \_\_\_\_\_

For more information about the study, please contact Dr. John Smith at (555) 123-4567 or via email at [john.smith@researchinstitute.org](mailto:john.smith@researchinstitute.org).

# **Self-Employment Expenses Calculation**

**List your business expenses. Enter the dates you paid the expenses and amount of each expense. Add the amounts and enter your total in the box “Total Expenses.”**

**IMPORTANT:** Please submit receipts, invoices, or other verifying papers in addition to this form.

# **Self-Employment Income Calculation**

List the dates you received the income, your sources of income, and the amounts. Add the amounts and enter your total in the box “Total Income.” Under the “Total Income” box, enter your total expenses. Subtract your total expenses from the total income and enter your “Net Self-Employment Income.”

**IMPORTANT: Please submit receipts, invoices, or other verifying papers in addition to this form.**

In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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**Signature**

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Date

**Signature of Person Helping Complete Form  
(if Applicable)**

## Income Documentation Waiver

# **State of Georgia Rental Assistance Program**

## **Income Documentation Waiver Form**

**To be completed by adult household members (age 18 and up) who are unable to obtain or produce income documentation. This form should be completed and uploaded were required.**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

### **Check the box that applies to your current income circumstances:**

- I hereby certify that I receive income that is verifiable, but I am unable to obtain documentation of income for one of the following reasons (please provide a full description below):

- I suffer from a disability and require an accommodation.  
 Circumstances related to the pandemic prevent me from obtaining the required documentation.  
 Lack of technological access prevents me from being able to obtain my records.

- OR -

- I hereby certify that I have not yet filed taxes for 2020 **AND** (1) have zero income, or (2) currently receive income that is not verifiable for the following reason:

- No qualifying income  
 Not verifiable due to the impact of Covid-19. (Please describe below.)  
 Payment was received in Cash. (Please describe source of payment below.)

Note: In addition to this certification, you may provide a signed statement from a caseworker, employer, or other professional, who has knowledge of your household's income status and how it qualifies your household for the GRA program.

### **If you do receive income, please complete the following:**

I hereby certify that I receive income in the amount of \$\_\_\_\_\_ from the following sources:

- Wages from employment (including commissions, tips, bonuses, fees, etc.).  
 Dividends from assets.  
 Social Security payments, annuities, insurance policies, retirement funds, pensions, or death benefits.  
 Unemployment or disability payments.  
 Public assistance payments.  
 Periodic allowances such as alimony, child support, or gifts received from persons not living in my household.  
 Sales from self-employed resources  
 Any other source not named above (Please identify: \_\_\_\_\_)

# **State of Georgia Rental Assistance Program**

## **Income Documentation Waiver Form**

Pay frequency (daily, weekly, semi-monthly, bi-monthly, monthly, annually) \_\_\_\_\_.

If you cannot produce documentation, or if income is not verifiable, please describe why you are unable to produce documentation and/or how the money was earned (be specific):

In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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Signature

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Date

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Signature of Person Helping Complete Form

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Date

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Printed Name of Person Helping Complete Form

## Statement of Housing Instability Form



## **STATE OF GEORGIA RENTAL ASSISTANCE PROGRAM**

### **STATEMENT OF HOUSING INSTABILITY**

My household, as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_ , is at risk of experiencing homelessness or housing instability since the start of the COVID-19 pandemic on March 13, 2020.

My household is experiencing housing instability due to (please select all options that apply to your household's circumstances):

- Receipt of a rental eviction notice.
- Receipt due to past due utility or rent notice (s).
- Experiencing a housing cost burden, e. g., my rent is greater than 40% of my income
- Forgoing or delaying the purchase of food, prescription medications, childcare, or similar essential necessities.

I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I am particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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Signature

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Date

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Signature of Person Helping Complete Form

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Date

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Printed Name of Person Helping Complete Form

## ACH Deposit Form



## VENDOR AUTHORIZATION AGREEMENT FOR ACH PAYMENT

### Directions

- Type or print the information requested in Sections 1 and 2. Then sign, date, and return the form with your Vendor package.
- Any account changes must be reported to DCA within ten (10) days prior to actual change. A payee must keep DCA informed of any address changes in order to receive important information about benefits and to remain qualified for payments. Please refer to the application instructions, if applicable.

### Section 1 - Entity to Receive Direct Deposit

Type of Transaction:  Add  Change  Delete

Name of Company OR Individual \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person Email \_\_\_\_\_  
9-digit Federal Tax ID

### Section 2 - Financial Institution Authorized to Conduct Transaction

Financial Institution \_\_\_\_\_ County \_\_\_\_\_ Telephone \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9-digit Transit Routing/ABA Number

Type of Account  
 Checking  Savings

Account Number at Above Institution

Whereby we authorize DCA to initiate credit entries to our account in the financial institution our account identified above and also debit entries, if necessary, for any credit entries that are determined to be in error. We additionally authorize the financial institution to credit or debit the same to our account.

This authority is to remain in effect until revoked by us in writing to DCA.

Signature \_\_\_\_\_

Title \_\_\_\_\_

Type or Print Name \_\_\_\_\_

Date \_\_\_\_\_

For DCA use only Date Received \_\_\_\_\_ Date Entered \_\_\_\_\_ Initials \_\_\_\_\_

## Statement of Delinquent Rent

## Statement of Delinquent Rent

Tenant Name: \_\_\_\_\_

Address of Rental Unit: \_\_\_\_\_

This notice is to inform you that I have not received rent due for the months of:

March 2020 (Note: The GRA will not provide assistance for any period prior to March 13, 2020.) **(PLEASE DO NOT SELECT ANY FUTURE MONTHS)**

April 2020

April 2021

May 2020

May 2021

June 2020

June 2021

July 2020

July 2021

August 2020

August 2021

September 2020

September 2021

October 2020

October 2021

November 2020

November 2021

December 2020

December 2021

January 2021

January 2022

February 2021

February 2022

March 2021

March 2022

1) The base rent amount not paid for the months checked above is \$ \_\_\_\_\_

2) Late fees applied to the unpaid rent total \$ \_\_\_\_\_

(Note: The GRA program will not pay late fees that exceed 8% of the total past due rent. You will be required to waive any late fee above the percentage allowed.)

3) Total Amount of past due rent and late fees requested: \$ \_\_\_\_\_

I, \_\_\_\_\_ (**Landlord**) certify that the amounts listed above is what I am owed for \_\_\_\_\_ (**Tenant**) residing at \_\_\_\_\_

**(Street Address, City, State, Zip Code).**

I affirm that all the information is true, correct and complete to the best of my knowledge.

In signing this statement (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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Landlord Signature

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Date

## Statement of Hardship Document

## **STATE OF GEORGIA RENTAL ASSISTANCE PROGRAM**

### **STATEMENT OF HARDSHIP - TENANT ATTESTATION**

I or a member of my household, as of \_\_\_\_ / \_\_\_\_ / \_\_\_\_, am experiencing financial difficulty that is either due to the COVID-19 pandemic or has taken place on or after March 13, 2020.

**My household is experiencing financial difficulty due to (please select the first option that most applies to your household's circumstances):**

- OPTION 1:** Qualification for unemployment benefits for at least one household member.

**I understand that providing false, incomplete, or inaccurate information on application forms in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

**OR**

- OPTION 2:** At least one household member has experienced a reduction in household income, incurred significant costs, or experienced financial hardship (please check applicable reason(s) and include written attestation to describe the financial hardship):

- Experienced a loss or reduction of income due to COVID-19.
- Needing to take extended time off work due to COVID-19, either to:
  - Care for my child(ren) whose school is closed; or
  - Care for a family member who is sick with COVID-19.
- Needing to take extended time off work because I have tested positive for COVID-19.
- Excessive COVID-19 related healthcare related or other expenses.
- Penalties, fees, and legal costs associated with rent or utility arrears.
- Payments for rent or utilities made by credit card to avoid homelessness or housing instability.
- Moving costs for households that moved to avoid homelessness or housing instability.
- Increased internet access and computer equipment costs needed to attend workand/or school.
- Alternate transportation for households unable to use public transportation duringthe pandemic.
- Purchase of personal protective equipment (PPE).

Please briefly describe the financial hardship experienced due to COVID-19, including the name of the household member that is experiencing the hardship. **REQUIRED – Please provide written description from applicant/effected tenant:**

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**I understand that providing false, incomplete, or inaccurate information on application forms in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

OR

- OPTION 3:** At least one household member has experienced financial hardship through a reduction in household income or incurred significant costs that are unrelated to COVID-19 and the hardship took place on or after March 13, 2020. **Required: Please provide written statement describing the financial hardship:**

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I acknowledge that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. I am particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.

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Signature

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Date

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Signature of Person Helping Complete Form

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Date

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Printed Name of Person Helping Complete Form

## Landlord Application (Paper Format)



## LANDLORD APPLICATION

The Georgia Department of Community Affairs administers the State of Georgia Rental Assistance Program (GRA). GRA helps renters with their past due rent and utilities. Payment will be made directly to landlords and utility providers.

### PRE-SCREENING QUESTIONS:

What's the name of Landlord of Residential Dwelling?\*:

Do you have one or more tenants in Georgia who are past due on rent or who need assistance for current rent because of the impact of COVID-19?\*:  Yes  No

What type of property is this?\*:  Single Family  Multi Family  Mobile Home

Hotel/Motel

Is this a lease purchase/rent to own?\*:  Yes  No

Is the unit(s) that you are requesting assistance for supported by any other federally funded housing or rental program?\*:  Yes  No

Are you the owner of the property?\*:  Yes  No

### LANDLORD INFORMATION

*Please tell us about yourself in as much detail as possible. (\* = required)*

Name of Landlord of Residential Dwelling\*:

Landlord Email Address\*:

Landlord Phone Number\*:

Landlord Address 1\*:

Landlord Address 2:

City\*:

State\*:

Zip\*:

Landlord Tax Identification Number (Social Security Number/EIN)\*:



## TENANT INFORMATION:

Please tell us about the tenant in as much detail as possible. (\* = required)

Note: Please complete a separate form for each tenant.

First Name\*:

Middle Name:

Last Name\*:

Address 1\*:

Address 2:

City\*:

State\*:

Zip\*:

Email Address\*:

Phone Number\*:

Is the tenant still residing in this unit? (The Georgia Emergency Rental Assistance program is only available for tenants that still reside in their unit.)\*

Yes  No

Total number of people who reside in the residence\*:

Monthly Rent Amount\*:

Amount of past due rent\*:

Months Missed\*:

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mar 2020 | <input type="checkbox"/> Mar 2021 | <input type="checkbox"/> Mar 2022 |
| <input type="checkbox"/> Apr 2020 | <input type="checkbox"/> Apr 2021 | <input type="checkbox"/> Apr 2022 |
| <input type="checkbox"/> May 2020 | <input type="checkbox"/> May 2021 | <input type="checkbox"/> May 2022 |
| <input type="checkbox"/> Jun 2020 | <input type="checkbox"/> Jun 2021 | <input type="checkbox"/> Jun 2022 |
| <input type="checkbox"/> Jul 2020 | <input type="checkbox"/> Jul 2021 | <input type="checkbox"/> Jul 2022 |
| <input type="checkbox"/> Aug 2020 | <input type="checkbox"/> Aug 2021 | <input type="checkbox"/> Aug 2022 |
| <input type="checkbox"/> Sep 2020 | <input type="checkbox"/> Sep 2021 | <input type="checkbox"/> Sep 2022 |
| <input type="checkbox"/> Oct 2020 | <input type="checkbox"/> Oct 2021 | <input type="checkbox"/> Oct 2022 |
| <input type="checkbox"/> Nov 2020 | <input type="checkbox"/> Nov 2021 | <input type="checkbox"/> Nov 2022 |
| <input type="checkbox"/> Dec 2020 | <input type="checkbox"/> Dec 2021 | <input type="checkbox"/> Dec 2022 |
| <input type="checkbox"/> Jan 2021 | <input type="checkbox"/> Jan 2022 | <input type="checkbox"/> Jan 2023 |
| <input type="checkbox"/> Feb 2021 | <input type="checkbox"/> Feb 2022 | <input type="checkbox"/> Feb 2023 |



Has an eviction been filed on this unit?

Yes  No

Rent Amount assistance requested for this tenant household.\*:

Please check all additional costs that are included in the rent:

- Water and Sewer
- Gas
- Electricity
- Trash
- Other Energy Cost(s)
- Late fees, legal fees, or other charges

## SIGNATURE

State of Georgia Rental Assistance Program: Landlord Attestation

This attestation confirms that \_\_\_\_\_ rents from me at \_\_\_\_\_, and that I, \_\_\_\_\_, own or manage the property. I confirm that \_\_\_\_\_, the tenant is past due on the rental amount of \_\_\_\_\_ needed to satisfy the balance owed at time of application. The monthly rental amount at the above property is \_\_\_\_\_.

- Submission of this application does not create a promise of payment of rental assistance by the Georgia Rental Assistance program. Caseworkers will examine the file and determine if the full amount requested can be paid under program guidelines. Landlord can reject participation in the program if the amount payable is unsatisfactory to the landlord.
- Landlord is not requesting assistance for any past due rental amount accrued prior to March 13, 2020.

Landlord must accept payment from the State of Georgia Rental Assistance Program via direct/ACH deposit, or via paper check delivered via United States Postal Service (upon request).

- If the Unit listed above is receiving any other form of government or private assistance for the same months of rent for which this assistance is requested, including but not limited to tenant-based or project-based vouchers or rental assistance, operating assistance, Community Development Block Grant, Emergency Solutions Grant, and/or Housing for Persons with Aids, Landlord has fully disclosed the assistance being

received, identified the program and provider from whom the assistance is being received, and provided the appropriate supporting documentation for the assistance received (such as Housing Assistance Payment ("HAP") contract). Landlord also acknowledges that approved rental assistance can only be provided for the tenant-owned portion of any rental arrearage or eligible future rent payment that is not subsidized

- Landlord will not seek to obtain other assistance for the same Unit listed above and for the same months of rent or rental arrears covered by this assistance from other jurisdictions providing similar assistance, and that to the extent duplicative assistance is received, Landlord will repay this assistance to the Georgia Housing and Finance Authority within 10 calendar days, and the case may be referred for criminal prosecution if duplicate funds were knowingly applied for and accepted with no notice to the funding entity.
- The rent amounts are true and accurate, and Landlord has attached proof of Unit ownership or authority to act on behalf of the owner and IRS form W-9.
- If the written lease is expired or will expire during period covered by this assistance, Landlord will enter into a new written lease or extend the current lease with Tenant for a monthly payment amount no greater than the monthly amount for the expired or expiring lease or agreement, for a time period at least equal to the period covered by the rent assistance. The new lease may not increase or impose other fees or charges not allowed under the current lease with the tenant. The Landlord may continue to charge all costs, expenses, and fees including but not limited to utility charges if allowed under the original lease.
- Late fees and penalties for nonpayment of rent or any other costs covered by the rental assistance received by Landlord for the Tenant in this application are allowed up to 8% of the total rent due. Amounts that exceed the percentage allowed will be waived upon payment of the rental assistance from the State of Georgia Rental Assistance Program.
- Landlord acknowledges that payment of legal fees is not eligible at this time.
- Landlord hereby releases the Tenant and Tenant's Household from payment liability for any rent for the time period covered by the assistance actually received by the Landlord, as well as any fees related to that rent, and will dismiss with prejudice any pending legal action brought by the Landlord against the Tenant seeking possession of the property or to collect amounts owed by the Tenant. The Landlord will not evict the tenant for any reason that predates the acceptance of the funds or for any reason related to rent or fees during the time period covered by the funds and will not evict the Tenant for a nonmonetary default during the time period covered by the rental assistance actually



received, except for actions or breaches of the lease that are related to criminal activity, property damage or physical harm to others. Nothing in this certification shall waive a Landlord's right to file an eviction based on a nonmonetary default that occurs after the expiration of the time period covered by the rental assistance actually received.

- Landlord shall provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Georgia Department of Community Affairs, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this certification. Such records will be kept for the longer of seven years, or until after notice of a monitoring, audit, or litigation, has been provided and the matter has had a final disposition.
- If the Owner is a different legal entity than the Landlord, Landlord or Landlord's Agent certifies it has the legal authority to enter into this agreement, and if an Agent is executing this form, documentation of agency is attached.
- Notwithstanding anything to the contrary in this certification, the Landlord shall have the right to terminate participation in the program at any time prior to receiving assistance.
- The information provided is true, accurate, and complete, and if requested, Landlord can provide further documentation to support any representations.

**In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both.**

Did anyone assist you in completing this application?

- Yes  No

If yes, please list their name:

**Type/Print your name to sign\*:**





## REQUIRED LANDLORD DOCUMENTS

*Please include the following documents with this application and mail it to:*

*Georgia Dept. of Community Affairs  
ATTN: Georgia Rental Assistance Program  
60 Executive Park South, NE  
Atlanta, GA 30329*

*Alternatively, you can fax your completed application and supporting documents to  
404-393-8829*

- ✓ **Proof of Identity\***
- ✓ **IRS W-9 Form\***
- ✓ **ACH Direct Deposit Form\***
- ✓ **MOA/MOU Agreement if property is managed by third-party.**

## REQUIRED TENANT DOCUMENTS

*Please include the following documents with this application and mail it to:*

*Georgia Dept. of Community Affairs  
ATTN: Georgia Rental Assistance Program  
60 Executive Park South, NE  
Atlanta, GA 30329*

*Alternatively, you can fax your completed application and supporting documents to  
404-393-8829*

- ✓ **Proof of Ownership\***
- ✓ **Statement of Delinquent Rent\***

### Required Documents for Landlords

What documents will a Landlord need to provide to complete the GRA Landlord Application?

Landlords will need the following types of documents/items (e.g., copies, pictures, screenshots, etc.) along with their signed, fully completed application. The online application will specify the actual documents required.

#### Proof of Identity



- ✓ Driver's license
- ✓ Government-issued photo identification
- ✓ U.S. Military photo ID
- ✓ Tribal photo ID
- ✓ Passport

## Proof of Ownership

- ✓ Warranty Deed
- ✓ Tax Record
- ✓ Insurance Binder

Note: If applicant is a Property Management Company or Legal Representative, applicant must also attach documentation showing authorization to act on behalf of the property owner:

- ✓ Authorization Agreement Contract/Memorandum of Understanding (MOU)/Memorandum of Agreement (MOA)

## Financial Documentation

- ✓ IRS W-9 Form
- ✓ ACH Direct Deposit form

## Tenant Information

- ✓ Delinquent rent Statement

## Tenant Application (Paper Format)



## TENANT APPLICATION

The Georgia Department of Community Affairs administers the State of Georgia Rental Assistance Program (GRA). GRA helps renters with their past due rent and utilities. Payment will be made directly to landlords and utility providers.

### PRE-SCREENING

Please fill out the questions below: (\* = required)

Have you experienced a hardship since March 13, 2020?  Yes  No

Did this hardship occur due to COVID-19?  Yes  No

What is the zip code of this property?:

Do you rent a home or apartment?\*:  Yes  No

Is this lease purchase/rent to own?\*:  Yes  No

Is this your primary residence?\*:  Yes  No

What is the total number of people who reside in this household?\*:

Was your annual household income below 80% of the Area Median Income?\*:  Yes  No

Has one or more of the individuals in your household qualified for unemployment benefits?\*:

Yes  No

Are you or a member of your household experiencing homelessness or housing instability?

Yes  No

Check all that apply:

Has received a rental eviction notice.

Has received past due utility or rent notice(s).

Experiencing a housing cost burden

Forgoing or delaying the purchase of food, prescription meds, childcare, or similar essential necessities

Depleting savings or relying on credit cards, payday lenders, loans

Do you live in a unit assisted by another federally funded housing or rental assistance program?\*:  Yes  No

Does the landlord have a family relationship to anyone in the household?\*:  Yes  No

Are you only requesting assistance for utilities OR other housing expenses (e. g. moving costs, security deposit, hotel/motel, furniture storage), and NOT rent?\*:  Yes  No



Do you need assistance completing the tenant portion of the application?\*:  Yes  No

If Yes, do you need assistance completing the tenant portion of the application due to:

- Lack of internet access, inadequate internet access, or lack of computer access
  - Dispute with your landlord
  - You have a disabling condition

Please call [833-827-7368](tel:833-827-7368) for assistance.

## APPLICANT INFORMATION

*Please tell us about yourself in as much detail as possible. (\* = required)*

First Name\*:

Middle Name:

Last Name\*:

Address 1\*:

**Address 2:**

**City\*:**

State\*:

Zip\*:

Date of Birth\*:

Social Security Number\*:

Gender\*:  Male  Female  Other

Race\*:  American Indian/Alaska Native  Asian  Black/African American  Native Hawaiian/Other Pacific Islander  White  Prefer not to answer.

Ethnicity\*:  Hispanic or Latino  Not Hispanic or Latino  Prefer not to answer.

Phone Number\*:

Email Address\*:

## APPLICANT INCOME

Please fill out the following\*:



(Income Source: Salary, Wages, TANF, SSI/SSDI, Commissions, Tips, Bonuses, Overtime, Unemployment/Disability, Compensation, Worker's Compensation, Alimony, Child Support, Regular gifts from people not residing in household)

## LANDLORD INFORMATION

Please tell us about the landlord information. (\* = required)

Name of Landlord of Residential Dwelling\*:

Landlord Email Address\*:

Landlord Phone Number\*:

Landlord Address 1\*:

Landlord Address 2:

City\*:

State\*:

Zip\*:

## HOUSEHOLD INFORMATION

List Each Household Member and complete all fields in table below.

HOUSEHOLD MEMBER NAME*	RELATION TO HEAD OF HOUSEHOLD*	GENDER*	SOCIAL SECURITY NUMBER	DATE OF BIRTH	RACE	ETHNICITY	IMPACTED BY COVID 19? (Y/N)

*Relation to Head of Household\*: Head, Spouse, Co-Head, Foster child/Foster adult, Other youth under 18, Full Time Student 18+, Live-in aide, Other adult*

*Race: American Indian/Alaska Native, Asian, Black/African American, Native Hawaiian/Other Pacific Islander, White, Prefer not to answer*

*Ethnicity: Hispanic or Latino, Not Hispanic or Latino, Prefer not to answer*



## FINANCIAL INFORMATION

Complete the table below for each of the household member:

Amount of 2020 total annual income for applicant and all other adult household members?\*

Have you or any member of your household served in the U.S. Military?  Yes  No

If yes, how many household members served:

Are one or more individuals within the household unemployed as of the date of application for assistance, and have not been employed for at least the past 90 days (based on date application)?  Yes  No

If Yes, Date Employment was lost (Note: Date of job loss and not unemployment benefits)

Has any person or program assisted in paying rent or utilities for your household for the period assistance is requested?  Yes  No

If Yes, please fill out the following:




## ASSISTANCE INFORMATION

Please tell us about yourself in as much detail as possible. (\* = required)

### Total Amount of Assistance Requested:

Are you being evicted\*:  Yes  No

Requesting rent assistance?\*:  Yes  No

If Yes, please fill out the following:

Monthly Rent Amount\*:

Amount of past due rent\*:

Total Amount of Assistance Requested\*:

How many future rental payments are you requesting (maximum of 3 months)?\*:

Months Missed\*:

- |                                   |                                   |                                   |
|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> Mar 2020 | <input type="checkbox"/> Mar 2021 | <input type="checkbox"/> Mar 2022 |
| <input type="checkbox"/> Apr 2020 | <input type="checkbox"/> Apr 2021 | <input type="checkbox"/> Apr 2022 |
| <input type="checkbox"/> May 2020 | <input type="checkbox"/> May 2021 | <input type="checkbox"/> May 2022 |
| <input type="checkbox"/> Jun 2020 | <input type="checkbox"/> Jun 2021 | <input type="checkbox"/> Jun 2022 |
| <input type="checkbox"/> Jul 2020 | <input type="checkbox"/> Jul 2021 | <input type="checkbox"/> Jul 2022 |
| <input type="checkbox"/> Aug 2020 | <input type="checkbox"/> Aug 2021 | <input type="checkbox"/> Aug 2022 |
| <input type="checkbox"/> Sep 2020 | <input type="checkbox"/> Sep 2021 | <input type="checkbox"/> Sep 2022 |
| <input type="checkbox"/> Oct 2020 | <input type="checkbox"/> Oct 2021 | <input type="checkbox"/> Oct 2022 |
| <input type="checkbox"/> Nov 2020 | <input type="checkbox"/> Nov 2021 | <input type="checkbox"/> Nov 2022 |
| <input type="checkbox"/> Dec 2020 | <input type="checkbox"/> Dec 2021 | <input type="checkbox"/> Dec 2022 |
| <input type="checkbox"/> Jan 2021 | <input type="checkbox"/> Jan 2022 | <input type="checkbox"/> Jan 2023 |
| <input type="checkbox"/> Feb 2021 | <input type="checkbox"/> Feb 2022 | <input type="checkbox"/> Feb 2023 |



## SIGNATURE

### **State of Georgia Rental Assistance Program: Tenant Attestation**

I hereby certify that:

I, and my household members identified in this application, have occupied the unit for which I am seeking assistance as the household's principal residence during the period of time for which the rental or utility arrears assistance, if any, is requested and will occupy the unit as my/our principal residence throughout the remaining months for which the assistance is provided.

I/We attest that we are currently experiencing housing instability or risk of homelessness and may be in need of future rental payments, in addition to the payment of our past due bills, in order to stabilize our housing. We have provided the required documentation as verification.

To my/our knowledge, the Unit for which I am receiving assistance is not receiving Housing Choice Voucher or Project-Based Rental Assistance or is not public housing and is not receiving any other form of assistance for the same month or months of rent for which this assistance is requested, such as tenant-based voucher assistance (such as Section 8), or project-based assistance.

I/We will not seek to obtain rental or utility assistance in the future for the same months of rental arrears, rent, utility arrears, or utilities covered by this assistance, and if I/we do receive such assistance I will report it to Landlord and/or Utility Provider using the contact information in my/our lease or utility bill statement, and to the State of Georgia Rental Assistance Program. I understand that the case may be referred for criminal prosecution if duplicate funds were knowingly applied for and accepted with no notice to the funding entity.

I/We will inform the State of Georgia Rental Assistance Program within ten calendar days if evicted from the Unit, if disconnected from Utility services, or if I/we no longer occupy the Unit as my/our principal residence during the period of assistance.

I/We have provided a current written lease as part of the application, or if I/we have not provided a current written lease, I/we have provided a signed copy of the Landlord Payment Agreement Form, and that the information I have provided in the Tenant Application regarding the terms of my/our lease, rent amount, and/or utility arrears are true and accurate.

I/We understand that if determined to be ineligible, I/We can appeal the decision by submitting a formal request to [GaERASupport@dca.ga.gov](mailto:GaERASupport@dca.ga.gov). Information regarding the appeal's process can be found on the Georgia Rental Assistance website at the following web address: <https://georgiarentalassistance.ga.gov>



I/We shall provide the U.S. Department of the Treasury, the U.S. Inspector General, the U.S. General Accounting Office, the Georgia Department of Community Affairs, or any of their duly authorized representatives, access to and the right to examine and copy records related to a payment made as a result of this application. If provided funds directly, I/we agree to keep records of payment to the Landlord for a minimum of seven (7) years unless a notice of a monitoring, audit, or litigation has been provided. If such notice has been provided, I/we will keep the records of payment to the Landlord until the matter has had a final disposition.

I/We have been provided a copy of this certification.

I/We may remain responsible for charges presented with my utility bill, such as district assessments or other fees, that are presented separately from the charges for utility service and my rent.

I acknowledge that submission of this application does not create a promise of payment of rental assistance by the Georgia Rental Assistance program.

**I/We attest that we have completed the Hardship Due to Covid-19 section of the application certifying that we have either (1) qualified for unemployment compensation or (2) experienced a reduction in household income, incurred significant costs, or experienced financial hardship.**

**The information I/We have provided is true, accurate, and complete, and if requested, I am able to provide documentation to prove my household's loss of income or additional expenses. I/We understand that providing false, incomplete, or inaccurate information on application forms or seeking duplicate assistance for months in which assistance has been or will be provided, may result in termination of participation in the Program, up to 5 years of imprisonment and for each occurrence a fine of up to \$10,000.**

Did anyone assist you in completing this application?\*:  Yes  No

If yes, please list their name:

**Print your name to sign\*:**

## REQUIRED DOCUMENTS

*Please include the following documents with this application and mail it to:*

*Georgia Dept. of Community Affairs  
ATTN: Georgia Rental Assistance Program  
60 Executive Park South, NE  
Atlanta, GA 30329*



*Alternatively, you can fax your completed application and supporting documents to 404-393-8829*

- ✓ **Income Verification for every adult household member\***
- ✓ **Copy of Lease or Landlord Certification\***
- ✓ **Eviction Notice, Past Due Rent, or Utility Notice**
- ✓ **Proof of Identity**
- ✓ **Additional Files (optional)**

## **Required Documents for Tenants**

What documents will a Tenant need to provide to complete the GRA Landlord Application?

Tenants will need the following types of documents/items (e.g., copies, pictures, screenshots, etc.) along with their signed, fully completed application. The online application will specify the actual documents required.

## **Proof of Identity**

- ✓ Driver's license
- ✓ Government-issued photo identification
- ✓ U.S. Military photo ID
- ✓ Tribal photo ID
- ✓ Passport

## **Verification of Income**

### **Annual Income Documentation**

Acceptable supporting documentation for households seeking assistance based upon the household's 2020 annual income:

- ✓ Copy of Form 1040 for 2020 as filed with the IRS for the household (For Form 1040, both the return and the tax forms used to establish the household's income for tax purposes, such as W-2 statement(s) and any 1099 forms, must be submitted)
- ✓ Documents evidencing annual income (e.g., wage statement, interest statement, unemployment compensation statement)
- ✓ Receipts of forms of benefit income, such as TANF, Social Security, SSI, and SSDI payments that are not always considered taxable income and will not be reported on a tax form

### **Monthly Income Documentation**

If the applicant is seeking assistance based upon the current household monthly income, the household must provide income verification for at least the most recent two months (60 days)



leading up to application submission, and eligibility must be redetermined every three months for the duration of the assistance.

Acceptable supporting documentation for the monthly income option includes:

- ✓ Documents evidencing monthly income (e.g., wage statement, interest statement, unemployment compensation statement),

OR

In addition to the above, for the monthly income option, documentation for monthly income for the two months leading up to application submission may also include:

- ✓ If employed, pay stubs, third party verification from the employer, or a letter from their employer indicating reduced pay
- ✓ Documentation of cash assistance such as Social Security income, unemployment benefits, worker's compensation (excluding lump sum distributions), or public assistance benefits
- ✓ Documentation of child support, alimony
- ✓ TANF, SSI or other supplemental income programs that are limited to households with incomes below 80 percent of AMI (or a comparable poverty threshold)
- ✓ Documentation of any income received for self-employment, including documentation of income from the operation of a business or profession, or direct payments for services
- ✓ Bank statements
- ✓ Documentation of Social Security, annuities, retirement income, pensions, disability, or death benefits (to include spousal benefits) and other similar types of periodic or monthly receipts, excluding benefits received by anyone 17 years old or under

Note:

Income that should NOT be included would include wages of children under the age of 18, foster care income, adoption assistance, and income for a live-in aide. Earnings in excess of \$480 for each full-time student in the household unless they are the head of household or spouse are also excluded.

If individual circumstances prevent applicant from providing requested documentation, DCA reserves the right to evaluate waivers for certain documentation on a case-by-case basis

## Verification of Renter Status

Tenant Applicants must submit:

- ✓ Lease agreement that has been signed by both parties must be submitted in its entirety as part of the initial application OR
- ✓ Households without a current signed lease (such as those renting under a month-to-month arrangement) should provide a certification that they still reside in the rental unit for which the assistance is being applied and confirmation of this from their landlord.
- ✓ Mobile homes are eligible for rent arrearages on the unit being rented.

Note:



Assistance under this program is not allowed for households residing in a hotel, motel, temporary lodging, or a boarding house at this time. Lease-purchase and rent to own units are ineligible for assistance in addition to housing cooperatives.

If individual circumstances prevent applicant from providing requested documentation, applicant may provide evidence of paying utilities for the residential unit, an attestation by a landlord who can be identified as the verified management agent the unit, or other reasonable documentation as determined by DCA.

## Verification of Risk of Experiencing Homelessness or Housing Instability

The household must also be able to demonstrate a risk of experiencing homelessness or housing instability to qualify. Acceptable documentation for this can include the following:

- ✓ An eviction notice
- ✓ A past due rent notice or
- ✓ A past due utility notice

Acceptable documentation of rent and utility arrears may include the most recent past due bill, an eviction notice, a PDF or screenshot of an online payment portal, or a letter or email from a landlord to a tenant.

## Re-Certification: Monthly Income

## **GEORGIA RENTAL ASSISTANCE RECERTIFICATION BASED ON MONTHLY INCOME**

***Please complete one form for each adult household members (age 18 and up) for the recertification of income based on a monthly income calculation. This form should be completed and uploaded where required. In cases where the household member does not have income, or is unable to provide documentation of their income, please use the Income Documentation Waiver form. Note that every adult household member (age 18 and up) MUST complete one of the income recertification forms (Monthly or Annual) and/or the Income Documentation Waiver form.***

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Address: \_\_\_\_\_ Apt No. \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

***Please attach one, or a combination of the following, for the previous three (3) consecutive months:***

Documents evidencing monthly income. This can be a: wage statement, interest statement, or unemployment compensation statement.

***If you do not have the above documentation, please attach the following information for the previous three (3) consecutive months:***

- If employed: pay stubs, third party verification from employer, or a letter from employer indicating reduced pay,
- Documentation of cash assistance such as Social Security income, unemployment benefits, worker's compensation (excluding lump sum distributions), or public assistance benefits,
- Documentation of child support or alimony payments,
- TANF, SSI, or a determination letter from one of these programs dated after January 1<sup>st</sup> of the current year,
- Documentation of any income received for self-employment, including documentation of income from the operation of a business or profession, or direct payments for services
- Bank statements, and/or
- Documentation of Social Security, annuities, retirement income, pensions, disability or death benefits and other similar types of periodic or monthly receipts, excluding benefits received by anyone 17-years old or under.

## **GEORGIA RENTAL ASSISTANCE**

### **RECERTIFICATION BASED ON MONTHLY INCOME**

**In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both. Moreover, you understand and accept that you are still bound by all certifications made in the attestation form from the initial application.**

---

Signature

---

Date

---

Signature of Person Helping Complete Form

---

Date

---

Printed Name of Person Helping Complete Form

## Re-Certification: Annual Income

## GEORGIA RENTAL ASSISTANCE RECERTIFICATION BASED ON ANNUAL INCOME

***Please complete one form for each adult household members (age 18 and up) for the recertification of income based on an annual income calculation. This form should be completed and uploaded where required. In cases where the household member does not have income, or is unable to provide documentation of their income, please use the Income Documentation Waiver form. Note that every adult household member (age 18 and up) MUST complete one of the income recertification forms (Annual or Monthly) and/or the Income Documentation Waiver form.***

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Apt No. \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Contact Phone No. \_\_\_\_\_

***Please attach one, or a combination of the following:***

- Copy of Form 1040 for most current year as filed with the IRS. For Form 1040, both the return and any W-2 statement(s) and any 1099 forms must be submitted
- Wage statement, interest statement, or unemployment compensation statement from the most current tax year
- Receipts from benefits income such as TANF, Social Security, SSI, and SSDI payments. You may submit a determination letter from one of these programs dated on or after January 1<sup>st</sup> of the current year.

**In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both. Moreover, you understand and accept that you are still bound by all certifications made in the attestation form from the initial application.**

---

Applicant Signature

---

Date

---

Signature of Person Helping Complete Form

---

Date

---

Printed Name of Person Helping Complete Form

## Re-Certification: Household Members

## GEORGIA RENTAL ASSISTANCE RECERTIFICATION: HOUSEHOLD MEMBERS

***Please choose one of the following, to describe the current number of household members since the time you originally applied for rental assistance: (Use additional space as needed)***

- No change:** household members are the same.
- Decrease:** list names, age, gender of any person who is no longer living at the household since initial application.

Name	
Relation	
DOB	
SSN #	
Gender	
Name	
Relation	
DOB	
SSN #	
Gender	
Name	
Relation	
DOB	
SSN #	
Gender	

- Increase:** list names, age, gender of any person who is now living at the household, but was not living there at the time of initial application to the rental assistance program

Name	
Relation	
DOB	
SSN #	
Gender	
Name	
Relation	
DOB	
SSN #	
Gender	

## **GEORGIA RENTAL ASSISTANCE RECERTIFICATION: HOUSEHOLD MEMBERS**

Name	
Relation	
DOB	
SSN #	
Gender	

**In signing this certification (including electronic signature) you are acknowledging that falsification of documents or any material falsehoods or omissions in the Application, including knowingly seeking duplicative benefits, is subject to state and federal criminal penalties. You are particularly put on notice that 18 U.S.C. §1001 provides, among other things, that whoever knowingly and willingly makes or uses a document or writing containing any false, fictitious, or fraudulent statement or entry, in any matter within the jurisdiction of any department or agency of the United States will be fined not more than \$10,000 or imprisoned for not more than five years, or both. Moreover, you understand and accept that you are still bound by all certifications made in the attestation form from the initial application.**

---

Applicant Signature

---

Date

---

Signature of Person Helping Complete Form

---

Date

---

Printed Name of Person Helping Complete Form

IRS Form W-9

**Request for Taxpayer  
Identification Number and Certification**Give Form to the  
requester. Do not  
send to the IRS.► Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.Print or type.  
**See Specific Instructions on page 3.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.						
2 Business name/disregarded entity name, if different from above						
3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.						
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► <input type="checkbox"/> <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) ►						
5 Address (number, street, and apt. or suite no.) See instructions.				Requester's name and address (optional)		
6 City, state, and ZIP code						
7 List account number(s) here (optional)						

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) Exemption from FATCA reporting code (if any) 

(Applies to accounts maintained outside the U.S.)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number							
<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>

or

Employer identification number									
<input type="text"/>	<input type="text"/>	-	<input type="text"/>						

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ►
----------------------	-------------------------------

Date ►

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

#### Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

#### Line 6

Enter your city, state, and ZIP code.

### Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The actual owner <sup>1</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The owner <sup>3</sup>
	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.